

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

06/08/2010

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 06/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left ankle arthroscopic debridement, gastroc resection, percutaneous Achilles tenotomy, & modified Brostrum procedure

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Orthopedic Surgeon

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 05/20/2010
2. Notice of assignment to URA 05/20/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 05/19/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 05/19/2010
6. SRS letter 04/16/2010, 03/17/2010
7. Appeal fax rqst 03/2010 & 04/2010, medical note 03/10/2010, radiology report 03/05/2010, medical note 01/27/2010, 11/11/2009, 05/27/2009, 04/22/2009, 03/25/2009, 02/18/2009, pt information form
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The claimant had an accident, with inversion injury to the ankle. His past history is lateral ankle reconstruction. The patient has been noted on stress x-rays to have lateral opening of 10 degrees versus 2 degrees on the contralateral side. There is also evidence of anterior translation with a drawer stress test. Request is for a left ankle arthroscopic debridement, gastroc resection, percutaneous Achilles tenotomy, & modified Brostrum procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

In review of the medical records provided along with the ODG guidelines, this patient does not fulfill the criteria for either a percutaneous Achilles tenotomy or a gastroc resection. The review request is for a left ankle arthroscopic debridement, gastroc resection, percutaneous Achilles tenotomy, & modified Brostrum procedure and the medical documentation does not support the

ODG recommendations for the requested gastroc resection or percutaneous Achilles tenotomy; therefore, the previous adverse determination is upheld for the request.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)