

SENT VIA EMAIL OR FAX ON  
Jun/09/2010

## Pure Resolutions Inc.

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
July/09/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Left Diagnostic Arthroscopy Left Ankle

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Office note, Dr., 08/04/09  
Office notes, Dr., 08/06/09, 08/10/09, 08/24/09, 09/03/09, 09/28/09m 10/19/09, 11/09/09, 12/09/09, 01/06/10, 02/03/10, 03/03/10, 03/10/10, 04/19/10  
Operative Report, Dr., 08/11/09  
Left ankle X-rays, 09/28/09  
Left ankle X-rays, 11/09/09, 01/06/10  
PT re-evaluation, 12/08/09  
Functional Capacity Evaluation, 01/05/10  
Untitled Records (? case notes): 08/10/09; 10/05/09; 10/23/09; 11/18/09; 01/13/10; 02/16/10; 03/22/10; 03/30/10  
Daily Physical therapy Progress Notes: 10/26/09; 10/28/09; 11/05/09; 11/12/09; 11/16/09; 11/23/09; 11/24/09; 12/01/09; 12/02/09; 12/04/09; 12/10/09; 12/11/09; 12/14/09; 12/16/09  
Peer Review -- Adverse Determination Letters: (Denied ankle arthroscopy) 03/25/10; 04/07/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

This male claimant reported a left ankle injury that occurred while at work on xx/xx/xx when he slipped off the bumper of his 18-wheeler twisting his left ankle. He sustained a closed bimalleolar ankle fracture and underwent an open reduction internal fixation on xx/xx/xx. Case notes list a diagnosis of joint pain, ankle. Post-op documentation revealed slow progressive improvement with physical therapy but continued persistent ankle pain and limited range of motion. X-rays obtained on 11/09/09 revealed excellent healing and excellent position of hardware. A physical therapy re-evaluation completed on 12/08/09 did not reveal the number of sessions completed but did show improved active and passive range of motion with continued pain and stiffness. A functional capacity evaluation completed on 01/05/10 revealed continued significant limitations the claimant demonstrating an inability to return to full duty work. Work conditioning was recommended but not authorized. A designated doctor's evaluation completed by Dr. on 03/01/10 determined the claimant had reached maximum medical improvement with a zero percent whole person impairment rating, noting he was able to return to work without restrictions. On 03/03/10, Dr. noted the claimant had persistent pain and the inability to push on the truck clutch that prevented his return to full duty work. A cortisone injection was given with good initial relief but the 03/10/10 follow up revealed only short-term pain relief post injection with return and progression of his ankle pain. Dr. suspected synovitis and recommended a diagnostic ankle arthroscopy.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

ODG Guidelines do not address this issue, if one looks to Mann and Coughlin, Surgery of the Foot and Ankle, ankle arthroscopy is indicated to address synovitis, loose bodies and osteochondral defects.

A request has been made for clarification of the IRO decision for the diagnostic arthroscopy of the left ankle. The IRO Reviewer has re-reviewed the medical records, the new medical information as well as the 07/06/10 letter by the Texas Department of Insurance requesting clarification. There is a previous report, which documented that an MRI of the ankle was performed and was negative. Inadvertently, the IRO Reviewer made an error in documenting in their report that the claimant had never undergone an MRI of the ankle as the claimant has metal in place and an MRI would not be able to visualize anything through the metal. Therefore, the description of an MRI was incorrect and this reviewer apologizes for that discrepancy. Clearly the medical records document the fact that there is internal fixation in the ankle, which would preclude MRI testing.

Based upon the fact that an injection into the ankle relieved the claimant's symptoms, which indicates the presence of an intra-articular abnormality, and it is widely known and accepted from an orthopedic standpoint that an articular cartilage injury can occur as a result of a displaced fracture, the request for left ankle diagnostic arthroscopy is recommended as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates does not address this request

Mann and Coughlin, Surgery of the Foot and Ankle, 6th Edition Vol. 2: Chapter 30 page 1299

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

ACOEM-AMERICA 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)

See Above

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)