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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left ankle arthroscopy with osteotomy and microdrilling, outpatient (27620, 27625, 27707, 099SG)

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/28/09, 1/29/10

M.D., F.A.A.O.S. 7/10/08 to 2/18/10

8/27/09, 1/29/10

M.D., P.A. 11/17/08

Imaging Center 10/7/08

Surgical Hospital 4/27/09

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Foot and Ankle (does not address procedure)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left foot on xx/xx/xxxx when he stepped on an angle iron. The claimant was initially treated for a heel contusion with steroid injections and custom orthotics. Because of persistent pain the claimant had an MRI of his left foot and ankle on 10/07/08 that demonstrated mild degenerative changes at the tibiotalar joint with a small osteochondral lesion in the lateral talar dome. There was a peroneus brevis tendon tear and peroneus longus tenosynovitis. There was a torn anterior talofibular ligament. The calcaneofibular ligament was not visualized. The claimant had an EMG/NCV on 11/17/08 which revealed clinical and electrical evidence of mild tarsal tunnel syndrome on the left. The claimant underwent a tarsal tunnel release on 04/27/09. Post-operatively he continued to have pain along medial aspect of his calcaneus. He had multiple injections which gave him temporary relief and constantly wore a custom AFO brace Dr. felt that the claimant's pain was coming from the osteochondral lesion of the lateral talar dome. He recommended a left ankle arthrotomy through a fibular osteotomy and microfracture drilling of the lesion. Dr. requested the surgery as he felt that osteochondral lesion was related to the claimant's injury. In his office note of 01/21/10, he observed that the claimant had increasing ankle pain, worse with activity. Because of the increased pain in his left ankle, the claimant now had pain in his left hip and low back and this was causing an antalgic

painful gait. The claimant was taking Tramadol four times a day and was also taking Aleve. He was wearing a custom AFO brace and had injections without much relief.

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

This person would appear to have had a small osteochondral lesion of the lateral tibial dome at the time of the 10/08, MRI. This study did not suggest instability of the lesion. Injection has reportedly provided short-term relief. Bracing was undertaken. No progressive X-ray findings have been documented. Increasing discomfort has been documented unresponsive to conservative treatment including medication.

The only imaging data which reveals the defect in this case would appear to be the MRI of 10/08, more than one year ago. Many of the areas of discomfort documented through the medical records are not clearly localized to the region of concern. The records provided would not satisfy medical necessity for the proposed intervention. The reviewer finds that medical necessity does not exist at this time for Left ankle arthroscopy with osteotomy and microdrilling, outpatient (27620, 27625, 27707, 099SG)

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Foot and Ankle, do not address procedure.

AAOS, Orthopedic Knowledge Update 9, Fischgrund, editor, page 76

"OCD in the ankle typically affects the talus. Nonsurgical treatment is recommended initially unless the lesion is unstable. Surgical treatment is indicated for stable lesions that have undergone unsuccessful nonsurgical treatment and for unstable lesions. Surgical methods include drilling, fixation, or chondral resurfacing techniques. Arthroscopic ankle surgery is usually performed."

Campbell's Operative Orthopedics, Volume III, page 216

"The dome of the talus is difficult to work over and around. It should be remembered that a well-done arthrotomy is superior to a poorly done arthroscopy." " Because so much synovium is present in the anterior portion of the ankle joint, we routinely remove much of it with a motorized shaver."

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)

AAOS, Orthopedic Knowledge Update 9, Fischgrund, editor, page 76

Campbell's Operative Orthopedics, Volume III, page 216

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