

Prime 400 LLC

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NOTICE OF AMENDED INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/15/2010

DATE OF AMENDED REVIEW: Mar/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left ankle arthroscopy, outpatient, 29891 29892

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified in Orthopedic Surgery

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

1. Adverse Determination letters, 12/31/09, 01/26/10
2. 12/20/09
3. M.D., 12/08/09, 01/05/10
4. M.D., 11/30/09, 09/30/09, 07/30/09, 07/10/09
5. Radiology report, 05/27/09
6. MRI scan, 07/15/09
7. Hospital 05/27/09
8. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who sustained a fractured lateral malleolus, which was nondisplaced. He subsequently underwent treatment for this, and the fracture was healed. He now complains of ankle pain. He was initially injured on xx/xx/xx. Current request is for treatment of osteochondritis dissecans on the medial side of the talus.

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

This is an individual who, according to the medical records, has an osteochondritis dissecans. He has on his CT scan of the left ankle from a lesion which is 7 mm x 10 mm x 5 mm in the subchondral area of the posterior aspect of the medial dome of the talus compatible with a moderate osteochondritis dissecans with a small sequestrum -- an undetached osteochondritic lesion. The ODG guidelines for treatment of osteochondritis dissecans for the ankle are guided by two considerations, the location of the lesion and the

radiographic findings. There has been no conservative care consisting of immobilization in a cast or brace with no weight-bearing for six to twelve weeks. In this case, records indicate there is an undetached posteromedial lesion that is quite large. The medical records provided for the review do not contain evidence of conservative care. According to the medical records, an anesthetic block of the talotibial joint has not been performed to see if this is indeed the cause of the patient's complaints. It is for these reasons that the previous adverse determination could not be overturned, i.e., as the previous reviewer mentioned, conservative care has not been administered, and the pain generator has not been identified. The reviewer finds that medical necessity does not exist for left ankle arthroscopy, outpatient, 29891 29892.

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)

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