



Notice of Independent Review Decision

DATE OF REVIEW: 11/09/10

DATE OF AMENDED REVIEW: 11/10/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Ankle Scope w/ Lateral Ankle Reconstruction Outpatient 27698 **29897**

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

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)

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.

Right Ankle Scope w/ Lateral Ankle Reconstruction Outpatient 27698 29897 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office Note, M.D., 08/17/10, 09/23/10
- Utilization Review Referral, Dr. 09/27/10
- Procedure Authorization Form, Orthopaedics, Undated (x2)
- Denial Letter, 09/30/10, 10/14/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured her right ankle on xx/xx/xx when she had an inversion-type injury. Her initial diagnosis was an ankle sprain. The patient indicated that she continued to have nine inversion type injuries since xx/xx. An MRI was apparently performed which showed ATFL and CFL sprain. Her medications included Yaz, Spironolactone, Protonix, Synthroid, Glucophage, Trazodone, Zanaflex, Crestor, and ReQuip. X-rays of the right ankle did not show any evidence of fracture or dislocation. She was diagnosed with significant right ankle instability after recurrent ankle sprains. The patient underwent eight weeks of physical therapy, which she stated did not give her any significant relief. She reported she turned her ankle approximately ten to twelve times in the past eight to ten months and continued with instability with ambulation. Dr. recommended proceeding with a right ankle arthroscopy with lateral ankle reconstruction procedure.

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

The right ankle scope with lateral ankle reconstruction is not recommended. The Official Disability Guidelines recommend criteria to include imaging findings of a positive stress x-ray with at least fifteen degrees lateral opening of the ankle joint, or a demonstrable subtalar movement, and negative minimal arthritic joint changes; none of which are noted on imaging studies.

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)**
- AMA 5TH EDITION**