

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** NOVEMBER 1, 2010

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed hardware removal right ankle (27640, 27641, 28120, 20680, 20605)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.91	27640		Prosp	1					Overturned
996.49	27641		Prosp	1					Overturned
V45.89	28120		Prosp	1					Overturned
UNK	20680		Prosp	1					Overturned
UNK	20605		Prosp	1					Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 35 pages of records received to include but not limited to:  
TDI letter 10.12.10; Request for an IRO forms; letter 9.2.10, 9.14.10; Orthopedic Foot and Ankle  
Specialist of notes 8.26.10; CT Ankle without contrast 8.18.10; Dr. note 4.2.10

Requestor records- a total of 17 pages of records received to include but not limited to:  
Request for an IRO forms; Notice of IRO assignment; letter 9.2.10; Orthopedic Foot and Ankle  
Specialist of notes 8.16.10-9.7.10; CT Ankle without contrast 8.18.10; Dr. note 4.2.10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained an on the job work related injury on xx/xx/xx. He has traumatic degenerative changes affecting the ankle and subtalar joint. He has anterior ankle spurs causing impingement, affecting his gait pattern. He has had surgeries in the past and has maximized non operative procedures.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Dr. plans to remove the spurs on the ankle joint to hopefully improve his ankle function and foot function, recognizing that at some point in the future a total ankle replacement will be required. The request to remove the screws while in surgery for spur removal is medically necessary and reasonable.

The request is made in the context of an overall treatment plan. He will be in a medically indicated surgery to remove the spurs, again to try and facilitate improved function. The screws must be removed to facilitate a future total ankle replacement, which according to Dr. is inevitable. Removal of the screws also helps in determining the potential for a dormant infection that could affect his present anticipated surgery and any future surgeries. The request is not made in isolation, and in the context put forth by Dr., is medically indicated, reasonable, and necessary.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES