

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle Arthroscopy CPT: 29898

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

Doctor of Medicine (M.D.), Board Certified in Orthopaedic 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

Official Disability Guidelines

10/4/10, 10/8/10

Follow-Up Reports 6/1/10 to 8/31/10

L.C. 2/2/10

M.D. 4/29/10

M.D. 8/13/10

Disability Evaluating Center 3/22/10

D.C. 2/5/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female who fell and injured her knee and ankle on xx/xx/xx. She has persistent ankle pain. An independent examiner felt that she had lateral ankle instability. The podiatrist note states that the patient has tenosynovitis. There are no records stating that ankle arthroscopy is being considered. MRI from February 2010 show "the bony parts of the right ankle do not show evidence of fracture, aseptic necrosis or metastatic process; the tibiotalar joint is well-maintained; the Achilles tendon is normal; the plantar musculature of the hindfoot is within normal limits; there is some induration in the subcutaneous fat along the posterolateral aspect of the ankle adjacent to the calcaneus. The adjacent calcaneal margin is normal; the tibialis anterior and posterior are well maintained, as is the extensor hallucis longus and extensor digitorum longus; the peroneus longus and brevis do not show any unusual findings; and the calcaneofibular ligament is unremarkable; the medial ankle ligaments are not clearly defined, but there is no evidence of fluid or tear in this location." The patient had injection into the lateral side of her ankle which gave her some relief of symptoms according to RME of 8/13/10. The RME exam states that examination of her right ankle reveals full range of motion in the ankle, with diagnosis of ligamentous sprain, lateral aspect

of the right ankle. MMI was reached as of 8/13/10; with 0% whole person impairment.

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

There is no evidence that this patient has any intra-articular pathology such as a loose body or chondral lesion that would be amenable to ankle arthroscopy. The requesting surgeon's notes do not discuss this procedure at all. The request does not meet the ODG criteria for surgery. The reviewer finds that medical necessity does not exist for Right ankle Arthroscopy CPT: 29898.

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)