

SENT VIA EMAIL OR FAX ON
Sep/23/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repair of Ankle Ligament and Ankle Arthroscopy / Exploration Joint

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

Licensed Podiatrist in Texas with 26 years experience with ankle joint arthroscopy and ankle joint care.

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)

There is no clinical or imaging evidence to support ankle ligament repair. Indeed there is interval evidence from MRI reports suggesting healing of said ligament.

There is clinical and MRI evidence to support ankle arthroscopy, to include debridement of hypertrophic ankle joint soft tissues and talar dome lesion.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

8/13/10, 8/22/10, 8/25/10, 8/26/10

Dr. 's report dates 8/13/10 thru 8/4/10

MRI 7/15/10

Dr. 's report dates 8/13/10 and reference to MRI post original injury 2007

PATIENT CLINICAL HISTORY SUMMARY

This patient had an on the job inversion ankle injury in and has been through the usual and customary treatments without significant improvement. 2010 MRI suggests osteochondral lesion of the Talus.

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

This patient suffers from sequelae to the original injury to include joint effusion and osteochondral lesion of the Talus. There is no documentation to support ligament repair. There is however significant documentation to support arthroscopic debridement and repair. The documented joint pain and effusion is secondary to chronic joint inflammation from the osteochondral injury not from the failure of the ligaments to repair.

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)

Author Gregory Berlet: Osteochondral Lesions of the Talus. Web MD

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