



Specialty Independent Review Organization
Notice of Independent Review Decision

DATE OF REVIEW: 8/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The disputed item is the prospective medical necessity of a rt ankle arthroscopy.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for more than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding prospective medical necessity of a right ankle arthroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD and, Inc.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from, MD: Office Notes – 5/25/10-7/16/10; MD MRI report – 5/6/10; DO Office Note – 4/7/10-5/26/10; and, MD Office Note – 4/16/10-4/23/10.

Records reviewed from, Inc.: denial letter – 7/26/10 & 8/6/10; Health Solutions denial letter – 7/29/10 & 8/6/10; and Utilization Review Referral – 7/26/10(x2).

The URA stated that ODG guidelines were not available for this case.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has persistent anterolateral ankle pain (without instability) since injuring same in xx/xx. He has failed treatment with medications and bracing. He responded temporarily to an intra-articular injection. Swelling and tenderness in the stable ankle was noted on exam. The 5/6/10 dated MRI revealed a torn

calcaneofibular ligament with a partially torn anterior talofib. ligament. Arthroscopic surgery for diagnoses of synovitis and impingement. The 7/16/10 dated Attending Physician records were referenced, among others including notes. There was no evidence of therapy records or specific medication and injection trials (aside from the one denoted.) 7/29 and 8/6/10 dated denial letters denoted the lack of strengthening and/or stretching activities. There was discussion of a lack of evidence of PT notes and medication trials.

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

Without sufficient presentation of the quality and quantity of therapy provided, and, with a lack of documentation of an adequate trial of medications and/or injections; the claimant cannot be considered to have failed reasonable non-operative treatment. Without mechanical instability and without the aforementioned comprehensive documentation of conservative treatment failure, the proposed surgical intervention is not reasonably required at this time.

Reference: ODGuidelines, ACOEM Guidelines

ODG Indications for SurgeryTM -- Lateral ligament ankle reconstruction:

Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS
2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS
3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS
4. Imaging Clinical Findings: Positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.

Procedures Not supported: Use of prosthetic ligaments, plastic implants, calcaneous osteotomies.

ACOEM Chapter 14-Foot/Ankle Surgical Considerations

Referral for surgical consultation may be indicated for patients who have:

- Activity limitation for more than one month without signs of functional improvement
- Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot

- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair

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)**