SENT VIA EMAIL OR FAX ON
Aug/18/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Leg Arthroscopy with Hardware removal

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[ ] Overturned (Disagree)

[X] Partially Overturned (Agree in part/Disagree in part)

Hardware Removal overturned
Arthroscopy upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Utilization review notification of adverse determination 06/08/11regarding non-certification right leg arthroscopy with hardware removal.
2. Utilization review notification of reconsideration determination 07/14/11regarding non-certification appeal right leg arthroscopy with hardware removal.
3. Office notes and radiology report Dr.
4. Pre-certification / utilization review request 06/03/11
5. Office notes, prescription for course of treatment and comprehensive examination D.C.

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was working The patient sustained a complex right distal mid and distal tibial fracture with

involvement of the medial malleolus and lateral malleolus. The injured employee was treated with multiple operations including external fixator and open reduction and internal fixation with plate applied. X-rays were obtained on 05/02/11 and showed a complex reconstruction of the right ankle where there has been previous hardware placement of the lateral malleolus which has been removed. There is retained hardware of tibia with prominent screw.

A preauthorization request for right leg arthroscopy with hardware removal was reviewed on 06/08/11 and non-certified as medically necessary. It was noted that per 05/02/11 medical report the injured employee complains of very prominent hardware into the lateral aspect of right ankle. It appears to be relatively pinpoint. The injured employee stated he has enough dysfunction that he would like to have screw removed. Physical examination revealed plantar flexion 40, but lacks approximately 10 degrees of neutral in right ankle, decreased inversion and eversion, significant skin changes associated with flap placement over the medial inferior right leg, prominent hardware. X-rays on this date of the right tibia/fibula showed retained hardware of tibia with prominent screw, paper clip isolation of screw area which appears to be prominent on ankle exam laterally. However, there was no documentation that other causes of pain such as infection and nonunion had been ruled out, and therefore, medical necessity of the request has not been substantiated.

A reconsideration request for right leg arthroscopy with hardware removal was reviewed on 07/14/11 and non-certified as medically necessary. It was noted the injured employee had ORIF with application of spanning external fixation of right ankle. The operative report was not submitted for review to evaluate the intraoperative findings. Physical therapy report dated 07/07/11 indicated the injured employee had chronic moderate pain in the right ankle. Pertinent physical findings noted decreased strength and flexibility and range of motion with decreased sensation in the right ankle. Based on the guidelines, the routine removal of hardware implanted for fracture fixation is not recommended except in case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. X-rays of the right ankle on 05/02/11 showed complex reconstruction of right ankle where there has been previous hardware placement of lateral malleolus which has been removed and paper clip isolation of screw area. However, the most recent radiologist analysis was not included for review. Furthermore, there was no evaluation included to rule out infection and nonunion. Lastly, the request is for right leg arthroscopy with hardware removal, but the presenting signs and symptoms in clinical records are for the right ankle. Medical necessity of the requested appeal was not substantiated.

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

The clinical data submitted for review does not establish medical necessity for right leg arthroscopy; however, open hardware removal would be appropriate. The injured employee sustained a significant injury to right lower extremity on xx/xx/xx. He underwent multiple surgical procedures including external fixation and open reduction internal fixation of a right distal mid and distal tibial fracture with involvement of medial and lateral malleolus. The injured employee subsequently needed flap placement which was harvested from left forearm. He presented on 05/02/11 with complaints of very prominent hardware into lateral aspect of right ankle, which appears to be relatively pinpoint. Radiographs on 05/02/11 showed a complex reconstruction of right ankle with previous hardware placement and subsequent removal. There was retained hardware of tibia with prominent screw, with paperclip isolation of screw area which appears to be prominent on ankle exam laterally. There were no findings on clinical examination indicating signs of infection, and no evidence of nonunion was noted on radiology report. The patient has painful prominent hardware with paperclip isolation of screw area prominent on ankle exam laterally. Given the current clinical data, medical necessity is established for hardware removal, but there is no need for arthroscopy.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES