

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/10/2011

**IRO CASE #:**

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

Outpt Left Ankle Arthroscopic Debridement

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

M.D., Board Certified Orthopedic Surgeon

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury of xx/xx/xx after coming off a ladder. The diagnosis was possible avascular necrosis and calcaneofibular ligament ankle sprain. Dr. treated the claimant through April 2011 with off work, fracture boot, physical therapy, bracing and Norco. The physical therapy note, dated 03/09/11, indicated that 21 physical therapy visits were completed. Active range of motion was dorsiflexion of 25 degrees, plantar flexion was to 50 degrees, inversion was 35 degrees with pain and eversion was to 20 degrees. The MRI of the left ankle, dated 04/06/11, showed abnormal bone marrow signal within the lateral aspect of the dome of the talus without definite subchondral erosion with mild irregularity of the cortex suspicious for avascular necrosis and tenosynovitis of the peroneus longus tendon with partial longitudinal tear of the tendon at the level of the cuboid measuring 11.6 millimeter in diameter. There was no full thickness tear seen. There was subcortical cyst formation anterior superior aspect of the cuboid measuring 6.5 millimeter in diameter. There was no fracture or subluxation seen. There was tenosynovitis involving the posterior tibialis tendon and the flexor hallucis tendon. There was a small joint effusion within the posterior subtalar joint. Dr. evaluated the claimant on 07/25/11. There was crepitus with range of motion and tenderness. Dr. has recommended outpatient left ankle arthroscopic debridement.

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

The requested Outpt Left Ankle Arthroscopic Debridement is not found by the reviewer to be medically necessary based on the information provided. It is not clear that the claimant's symptoms are truly coming from the ankle joint. The records indicate this claimant has difficulty walking on level surfaces. An MRI shows a subtalar effusion. Though the claimant has abnormal signal within the lateral talar dome, it is not clear that the claimant has an osteochondral lesion of the talus that would be amenable to arthroscopic treatment. It does not appear that the claimant has an associated ankle effusion or other findings to suggest that this area is symptomatic.

Rather, as noted in the records, the claimant has a subtalar joint effusion, which may indicate pathology in that area to correlate with the claimant's difficulty walking on uneven surfaces. The claimant also has other confounding factors of tenosynovitis of multiple tendons about the ankle, and the extent of conservative treatment is unknown. For all of these reasons, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter ankle and foot, lateral ligament reconstruction

ODG Indications for Surgery | -- 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).1 (Litt, 1992)] 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, calcaneus osteotomies

(Washington, 2002) (Schmidt, 2004) (Hintermann, 2003)

**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)