

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

November 22, 2011
November 30, 2011 Amended

DATE OF REVIEW: November 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Ankle hardware removal.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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

Medical records from the Carrier include:

- M.D., 10/01/10, 08/01/11, 08/05/11
- Direct, 08/09/11
- 08/11/11, 10/07/11
- Physician Advisor Report, 10/07/11
- Health, 10/21/11

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., 03/22/10
- DWC-69, Report of Medical Evaluation, 04/09/10
- M.D., 04/09/10

Medical records from the Provider include:

- M.D., 01/06/11, 01/26/11, 03/10/11, 03/11/11, 03/24/11, 04/28/11, 05/03/11, 06/20/11, 06/27/11, 08/01/11, 08/05/11, 08/08/11, 09/12/11, 10/21/11
- M.D., 08/08/11
- M.D., 05/02/11, 06/06/11, 06/20/11
- M.D., 03/07/11, 03/11/11, 03/12/11, 03/22/11
- M.D., 01/04/11, 01/23/11

PATIENT CLINICAL HISTORY:

To Whom It May Concern:

I have had the opportunity to review medical records on this patient. The records indicate a date of injury of xx/xx/xx. The injuries include a pilon fracture of the left ankle.

The records indicate that the patient slipped and fell when going around a mud puddle. She sustained a serious fracture of her left ankle and underwent surgery. There were a number of surgical procedures performed, and eventually, the ankle was fused. M.D., performed the more recent operations.

There was hardware removal performed on March 11, 2011, for symptomatic hardware. The subsequent x-rays and CAT scans revealed that the remaining hardware was in good condition and that the fusion had healed.

The patient returned to Dr. on August 8, 2011, requesting that the remainder of the hardware be removed. The office notes document no tenderness or symptoms relative to the hardware. The documentation indicates the patient wanted the hardware removed, but that the physician did not feel it to be appropriate. Nevertheless the physician acted to requesting the surgery.

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

The denial for the surgery is appropriate. Although ODG Guidelines do support the medical necessity of removing symptomatic hardware, there is no evidence in this case that the hardware is causing the patient's symptoms. There is no radiographic evidence of any problems with the hardware. There is no physical examination evidence as well. Therefore, the denial in this case appears to have been appropriate.

I trust that this will be sufficient for your needs.

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)