

SENT VIA EMAIL OR FAX ON
Jan/31/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Brostrom Procedure A-L Decompression, Outpatient

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

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

OD Guidelines

Utilization Review Referral

Peer Review 12/07/10, 01/11/11

Dr. OV 10/14/10, 11/18/10, 12/21/10

MRI right ankle 09/01/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant who reportedly injured her right ankle on xx/xx/xx when she stepped off a concrete ledge and twisted her foot which resulted in pain and swelling. The records indicated that the claimant underwent a right knee anterior cruciate ligament repair on 09/14/10 and has been diagnosed with a calcaneofibular sprain of the right ankle.

A right ankle MRI performed on 09/01/10 showed soft tissue swelling and edema at the lateral aspect of the ankle with no obvious evidence of internal derangement. A physician record dated 10/14/10 revealed the claimant with right ankle pain and tenderness. The

claimant was noted to have clinical instability. Physical therapy modalities and a Broström type repair were recommended.

The claimant continued to treat for ankle instability with persistent discomfort and pain despite physical therapy and pain medication. The diagnosis remained unchanged as a calcaneofibular sprain ankle. A 12/21/10 physician record noted the claimant ambulating with crutches with complaints of tenderness and swelling over the anterior aspect of the ankle. The claimant was quite tender over the ligamentous ankle structures on examination with a positive anterior drawer sign. The claimant was unable to work. A Brostrom repair continued to be recommended.

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

This young claimant would appear to be five months out from an injury to the right ankle with an absolutely unremarkable MRI of 09/01/10; stress views have reportedly been negative.

Absent proof of ligamentous disruption by MRI studies and absent positive stress X-rays the Official Disability Guidelines would certainly not appear to be satisfied for medical necessity regarding the proposed procedure.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates :Ankle and Foot :

Lateral ligament ankle reconstruction (surgery)

Recommended as indicated below. This RCT concluded that, in terms of recovery of the preinjury activity level, the long-term results of surgical treatment of acute lateral ligament rupture of the ankle correspond with those of functional treatment. Although surgery appeared to decrease the prevalence of reinjury of the lateral ligaments, there may be an increased risk for the subsequent development of osteoarthritis. Surgical treatment comprised suture repair of the injured ligament(s) within the first week after injury, and a below-the-knee plaster cast was worn for six weeks with full weightbearing. Functional treatment consisted of the use of an Aircast ankle brace for three weeks..

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 (performed by a physician) 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.

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)