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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left ankle screw removal outpatient 20680

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

Official Disability Guidelines

X-ray report: 07/09/10

Dr. /Dr., office notes: 06/29/10, 07/22/10, 08/16/10, 09/29/10, 11/01/10

Operative Report: 07/09/10

Peer Review: 10/11/10, 12/02/10

10/11/10, 12/02/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left ankle on xx/xx/xx when he fell and suffered a left bimalleolar ankle fracture. The claimant underwent an open reduction and internal fixation of a left distal fibula fracture and left syndesmosis tear. Postoperatively the claimant was without pain and remained non-weight-bearing.

When he saw Dr. on 09/29/10, the claimant's left ankle x-ray showed that his fibula was healed with good consolidation and good anatomic alignment and all of the hardware was in place. Dr. scheduled the claimant for removal of his left syndesmosis screw on 10/13/10. This was noncertified by a peer review on 10/11/10 as based on guidelines, the routine removal of hardware implanted for fracture fixation was not recommended and x-rays showed the hardware in place with good anatomic alignment and signs of consolidation. A second peer review on 12/02/10 once again noncertified the hardware removal as the claimant's most recent clinical exam indicated he was pain free and there was no tenderness to

palpation that suggested symptomatic hardware.

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

A review of the record provided supports the claimant has a slip and fall on xx/xx/xx treated with open reduction internal fixation of a distal fracture and left syndesmosis tear. The claimant was treated with a Cam Walker nonweightbearing with hardware well placed. Dr. saw the claimant on 11/01/10 and noted a healed fracture, at that time there was no strong evidence directed at removal of the screw and it was okay to return to activities as tolerated. Dr. note of 11/1/10 documented that there was no strong evidence directing removal of the screw and the claimant was to return to activities and weightbearing as tolerated.

With regard to the removal of the syndesmosis screw for syndesmosis repair, removal of that hardware can be a reasonable option to decrease windshield wiping of the screw and to decrease the risk of screw fracture. In this case, given that the treating surgeon did not recommend screw removal on 11/01/10, the proposed surgery cannot be recommended as medically necessary. The reviewer finds that Left ankle screw removal outpatient 20680 is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Ankle and Foot

Hardware Removal:

Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. Current literature does not support the routine removal of implants to protect against allergy, carcinogenesis, or metal detection. (Busam, 2006) Despite advances in metallurgy, fatigue failure of hardware is common when a fracture fails to heal. Revision procedures can be difficult, usually requiring removal of intact or broken hardware. (Hak, 2008) Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. (Minkowitz, 2007) The routine removal of orthopaedic fixation devices after fracture healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Many surgeons refuse a routine implant removal policy, and do not believe in clinically significant adverse effects of retained metal implants. Given the frequency of the procedure in orthopaedic departments worldwide, there is an urgent need for a large randomized trial to determine the efficacy and effectiveness of implant removal with regard to patient-centred outcomes. (Hanson, 2008)

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)