

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/31/2010

**IRO CASE #:**

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

Arthroscopic Evaluation of Right Ankle Joint with Resection of Meniscoid Tissue  
W/Debridement of Joint

**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  
09/04/09 Initial Diagnostic Screening  
09/24/09 physical performance evaluation  
Treatment progress report 01/05/10  
07/30/09, 01/11/10 FCE  
04/09/09 to 07/26/10 Records of Dr.  
Records of Dr., 04/14/09, 04/22/09, 05/05/09, 07/01/09, 08/12/09, 04/13/10, 06/16/10, 06/23/10  
04/14/09 right leg x-ray report  
04/14/09 right knee x-ray report  
Records of Dr. 04/16/09, 04/17/09, 05/28/09  
05/20/09 right knee MRI report  
Records of Dr. 06/03/09, 08/06/09  
08/27/09 MRI right foot report  
08/27/09 MRI right ankle report  
10/28/09 electromyography  
Records of Dr. 08/05/10, 09/30/10, 10/28/10, 11/22/10  
Dr. 08/05/10 report  
09/16/10 x-rays right ankle report  
peer review reports 11/09/10, 12/02/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury of xx/xx/xx when his right leg and foot was trapped by a truck. The MRI of the right ankle from 08/27/09 showed a healing non-displaced lateral malleolar fracture with associated tears of the anterior tibiofibular and talofibular ligaments.

Non-aggressive intramedullary calcaneal body lesion containing heterogenous T2 signal increase with islands of fat representing either a complicated intraosseous lipoma or cyst was reported. There was degenerative flattening of the peroneus brevis tendon. Interstitial degeneration and tearing of the spring ligament and navicular insertional fibers of the posterior tibialis tendon were reported. The electromyography from 10/28/09 revealed evidence of distal right peroneal mononeuropathy of uncertain etiology. Clinical correlation was recommended. There was evidence of distal tibial motor mononeuropathy of uncertain etiology. Clinical correlation was recommended. There was no significant evidence of generalized peripheral neuropathy, and no evidence of proximal neural insult/radiculopathy.

The 09/16/10 right ankle stress x-rays showed there was mild widening of the lateral mortise. The lateral views showed what appeared to be anterior stress at the level of the foot relative to the distal calf. No dislocation was seen. Dr. authored an 11/22/10 letter emphasizing that the claimant has pain with walking, bearing weight and burning to the top of the ankle and bottom of the foot. Dr. stated that the claimant has been treated with ankle bracing and compression stocking for two months and has remained symptomatic. Dr. stated the 11/11/10 exam showed swelling over the anterior aspect of the inferior tibial fibula syndesmosis and tenderness to palpation at the anterior talofibular ligament and posterior talofibular ligament. Plantar and dorsiflexion were painful and weak. Inversion was more painful than eversion. Dr. performed a right ankle injection on 11/15/10. Diagnosis was crush injury to the right foot, internal derangement of the right foot with possible meniscoid type lesion of the anterior talofibular syndesmosis. Dr. has recommended arthroscopic evaluation of the right ankle joint with resection of meniscoid tissue if present, resection of hypertrophic synovial tissue if present.

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

The requested right ankle arthroscopy with debridement is medically necessary based on review of this medical record. This is a male, who sustained a right foot and ankle injury. He had a lateral malleolar fracture and was treated conservatively. Following the healing of the fracture he has continued to have pain. There are multiple medical records documenting a fusion, tenderness and soft tissue swelling of the ankle. He has an aspiration injection without good long-term improvement. He has undergone an MRI that does not document fracture or ligament abnormality. His physician is treating him for impinging synovitis and would like to proceed with arthroscopic debridement. The ODG Guidelines document the use of arthroscopic surgery in a joint in claimants who have intraarticular abnormality that needs to be treated. In this case it appears there is impinging synovitis and the claimant has failed all conservative care to include activity modification, lightweight bracing, anti-inflammatory medication and injection. Therefore, the reviewer finds that the requested Arthroscopic Evaluation of Right Ankle Joint with Resection of Meniscoid Tissue W/Debridement of Joint is medically necessary.

**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)