



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle arthroscopy, peroneal tendon repair, Brostrom procedure, and potential talus microfracture of the right ankle

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering foot and ankle problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a twisting injury to his right ankle on xx/xx/xx while walking on unsteady ground. He suffered a lateral aspect ankle sprain. He was treated with physical therapy, Celebrex medication, activity modifications, and an ankle sleeve. He was transiently authorized to return to full work as of 04/26/11. However, he had persistent pain in his right ankle. An MRI scan performed on 03/16/11 revealed edema of the lateral aspect of the talar dome and thickened peroneal tendons with some evidence of effusion fluid in the tendon sheath. A recommendation has been made to perform right ankle arthroscopy with peroneal tendon repair, Brostrom procedure, and potential talus microfracture. The recommendation was considered and denied, reconsidered and denied.

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

The patient is described as an obese male with a BMI greater than 30. Such a BMI is a relative contraindication to the performance of Brostrom procedure. Additionally, there is no documentation of stress x-rays. There is only a recent general comment that the patient has suffered some instability of his right ankle. There has been no specific documentation of repeated ankle sprains. There is no specific documentation of evaluation of the stability of the right ankle radiographically. There is no documentation of avascular necrosis or osteochondritis dissecans of the dome of the talus. It would appear that the patient lacks indications for right ankle arthroscopy, Brostrom procedure, peroneal tendon repair, and possible talus microfracture. The MRI scan did not demonstrate full tearing of the peroneal tendons. The prior denial of this request to preauthorize the surgical procedures described was appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

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 judgment, clinical experience and expertise in accordance with accepted medical standards.

Mercy Center Consensus Conference Guidelines.

Milliman Care Guidelines.

ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.

Pressley Reed, The Medical Disability Advisor.

Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.

Texas TACADA Guidelines.

TMF Screening Criteria Manual.

Peer reviewed national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)