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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One hardware removal (syndesmosis screw) on the left ankle

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

MD, 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 and Treatment Guidelines, Chapter Ankle & Foot

Office Visit, Dr. 03/24/11, 04/21/11,06/01/11

Operative Report, 02/04/11

Note, Dr. 02/22/11

Peer Review, Dr. 05/09/11

Peer Review, Dr. 05/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work related injury date of xx/xx/xx, being evaluated for a request for hardware removal (syndesmosis screw) on the left ankle. The claimant's record contains a 06/01/11 orthopedic follow up indicating the claimant underwent left ankle reconstruction on xx/xx/xx and continues to have stiffness related to his syndesmosis screw. On physical examination, the claimant lacks the last 20 degrees of dorsiflexion and 5 degrees of plantar flexion. The wounds are well healed. An x-ray shows the syndesmosis in place and healing of his fracture. The post-operative note indicates the claimant underwent an open reduction internal fixation (ORIF) of a bimalleolar fracture of the left ankle and also had insertion of a tran-syndesmotomic screw. The impression is status post open reduction internal fixation of the left ankle and a symptomatic syndesmosis screw. The recommended treatment plan is for removal of the syndesmosis screw.

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

Official Disability Guidelines, Ankle and Foot, do not recommend routine removal of hardware for implant fixation except in the case of broken hardware or persistent pain or after ruling out other causes of pain, such as infection or nonunion.

In this claimant's case, the treating physician is trying to avoid broken hardware by removing the tran-syndesmotom screw. The screw traverses both the fibula and the tibia. Under normal ambulation, micromotion between the fibula and tibia would in time result in breakage of the tran-syndesmotom screw. At that time, only removal of the outer portion of the screw would be possible and not the threaded portion within the tibia. According to the claimant's recent evaluation of 06/01/11, the fracture of the lateral malleolus and medial malleolus have healed. Based on the aforementioned facts with the potential for breakage of the tran-syndesmotom screw without screw removal under normal weight-bearing, the treating physician's plan to remove the tran-syndesmotom screw can be considered medically appropriate and medically necessary. Based on the records reviewed and the ODG, the reviewer finds that One hardware removal (syndesmosis screw) on the left ankle is medically necessary for this patient.

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

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)