

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/04/2011

**IRO CASE #:**

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

Outpatient left ankle arthroscopy with synovectomy, partial and repair primary disrupted ligament ankle collateral or possible repair secondary disputed ligament ankle collateral

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female claimant with a history of left ankle pain. The records indicated that the claimant missed a step and twisted her left ankle on xx/xx/xx. The initial diagnosis was of a left ankle sprain. Initial conservative measures included medications, bracing, crutches and restricted work.

A physician record dated 03/22/10 noted the claimant feeling better but with continued left ankle pain especially on eversion and inversion of the left ankle and foot. A left ankle MRI followed on 03/24/10 which, showed a micro fracture of the anterolateral aspect of the calcaneus, mild heel pad edema and minimal tendinosis involving the Achilles tendon.

A consultation followed on 06/23/10 that noted the claimant to have continued left ankle pain. Traumatic arthropathy of the ankle and lateral ankle sprain was diagnosed. An intra articular steroid injection was given and ankle therapy and ice were recommended.

Therapy records from 07/01/10 through 08/09/10 noted the claimant with overall improvement in left ankle pain and ability to sustain prolonged activity. Continued left ankle pain was noted despite medications, physical therapy and light duty. Follow up physician records of 2010 revealed that left ankle surgery was recommended. A repeat left ankle MRI performed on 12/08/10 showed mild soft tissue edema in the lateral ankle.

A physician record of 01/05/11 noted the claimant's left ankle pain not improved with associated swelling, popping and difficulty with stairs, squatting or kneeling. Surgery was recommended. Left ankle arthroscopy with synovectomy, partial and repair primary disrupted ligament ankle collateral or possible repair secondary disrupted ligament ankle collateral was recommended.

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

The requested surgery (Outpatient left ankle arthroscopy with synovectomy, partial and repair primary disrupted ligament ankle collateral or possible repair secondary disputed ligament ankle collateral) is not found to be medically necessary based on the information reviewed.

While the arthroscopic surgery to evaluate the patient's mechanical complaints could be warranted, the request for a concomitant repair of the ankle ligaments does not seem to be medically necessary. Multiple medical records indicate that this patient has no clinical instability. An MRI showed only mild edema in the lateral ankle ligaments suspicious for a sprain. The ligaments, according to the report, "Do not appear completely disrupted". There is no indication that the patient has stress radiographs or physical exam findings of instability.

For these reasons, the medical necessity for the procedure as a whole is unclear and cannot be justified based on the information provided. The reviewer finds no medical necessity at this time for Outpatient left ankle arthroscopy with synovectomy, partial and repair primary disrupted ligament ankle collateral or possible repair secondary disputed ligament ankle collateral.

**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)