AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Ankle Arthroscopy (CPT 29898)

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

This physician is a 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On October 5, xxXX, the claimant was evaluated by M.D. He states that in his xxxx injury injured his right ankle but since he has severe damage to his right shoulder most attention was paid to his shoulder. He has had continued pain and swelling mostly along the anteromedial and medial aspect of this left ankle.

He has tried ankle supports but still has instability. He sustained an on the job injury years ago to the left ankle which was treated arthroscopically but he was doing well until his current injury. He has antalgic gait and mild bilateral pes planovalgus. The is mild crepitus with ankle range of motion which is somewhat decreased. X-rays show some osteophytes at the medial malleolus with a possible old avulsion fracture. An MRI of the ankle was recommended.

On October 27, 20XX, an MRI of the left ankle was performed. Impression: 1. There is signal abnormality and thickening of the distal posterior tibialis tendon as well as the peroneus brevis tendon immediately inferior to the lateral malleolus both compatible with tendinosis. 2. The anterior talofibular ligament appears irregular, without adjacent soft tissue swelling. This subtle irregularity of the anterior talofibular ligament is consistent with remote injury. 3. There is subtle marrow edema in the talus and calcaneus which is non specific. Stress reaction is thought to be most likely. 4. Pes planovalgus. 5. A 6x3 mm T1 and T2 hyposintense focus in the posterior calcaneus is compatible with a bone island as interpreted by M.D.

On November 16, 20XX, the claimant was re-evaluated by M.D. He has considerable pain with activities. A left ankle interarticular corticosteroid injection was recommended. He will try Ultracet for pain control.

On February 2, 20XX, the claimant was re-evaluated by M.D. The injection was denied. He continues to complain of severe pain around the ankle with swelling. He takes Ultracet which helps somewhat with the pain. Left ankle arthroscopy was recommended.

On February 11, 20XX, M.D., an orthopedic surgeon, performed a utilization review on the claimant. Rationale for denial: Based on the ODG guidelines ankle arthroscopy is not recommended. However, the ODG guidelines for an intra-articular cortisone injection should has been approved as this is appropriate treatment at the junction. Therefore it is not certified.

On February 7, 20XX, M.D., an orthopedic surgeon, performed a utilization review on the claimant. Rationale for denial: He presented in a delayed fashion with regard to his left ankle. His objective findings include good range of motion, no ligamentous laxity, antalgic gait with minimal swelling and diffuse tenderness without any specific area. There is no evidence of a cartilaginous injury or significant tendon injury. As this ankle has been previously operated on it is unclear what benefit arthroscopic surgery may have. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On XX/XX/XXXX, this XX year old male was injured when he was hit by a truck.

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

The previous decisions are upheld. Based on the limited clinical records submitted, the claimant exhibits minimal swelling, no ligamentous laxity, and no specific area of tenderness was noted. Furthermore there is no evidence of significant tendon injury.

Per the ODG (Ankle and Foot Chapter, Arthroscopy)

Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

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

- ☐ **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 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)**