

SENT VIA EMAIL OR FAX ON
May/03/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Ankle Arthroscopy with Brostrum

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

Physician board certified orthopedic surgery

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

left ankle

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. According to employee's first report of injury or illness, the injured employee twisted his ankle. X-rays of the left ankle on 09/09/10 revealed edema of the soft tissues lateral malleolus with no fracture or dislocation, small joint effusion. The injured employee was treated conservatively with air cast, crutches and medicines. The injured employee also underwent six physical therapy treatments that made his pain worse. The injured employee was initially taken off work and subsequently released, but when he returned to work for one week he was unable to continue. MRI of the left ankle performed 11/02/10 revealed findings highly suspicious for full thickness tear of the calcaneal fibular ligament. A grade 1 strain involves the anterior talofibular ligament. Severe arthritic changes of the tibiotalar joint were noted, with moderate tibiotalar joint effusion present. There was chronic bony fragmentation inferior to the medial malleolus. On examination the injured employee was noted to be 65 inches tall and 225 pounds. There was tenderness to palpation over the CFL and ATFL, and pain with ligamentous testing. He has positive lateral gutter impingement sign. The injured employee was recommended to undergo ankle arthroscopy and Brostrom.

A request for left ankle arthroscopy with Brostrom was not authorized as medically necessary per review dated 01/24/11. The injured employee was reported to have severe arthritis of the tibiofibular joint, and the posterior talofibular ligament was not reported to be torn. The base of the current symptoms was not fully defined. There was no diagnostic injection of the ankle

completed to assess pain relief and allow for a better exam. It was noted that further non-operative assessment would appear warranted.

A reconsideration/appeal request for left ankle arthroscopy with Brostrom was not authorized as medically necessary. It was noted the injured employee had a steroid injection on 02/02/11 without significant relief. It was noted that Official Disability Guidelines require imaging findings of positive stress x-rays involving ankle or subtalar joint of at least 15 degrees lateral opening at the ankle joint or demonstrable subtalar movement. This injured employee has had no documented stress test performed and also must be negative to minimal arthritic changes on x-ray. This injured employee's MRI reported chronic bony fragmentation inferior to the medial malleolus; therefore a Brostrom ankle reconstruction would not be supported. As such the request was not certified.

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

Based on the clinical data provided for review, the left ankle arthroscopy with Brostrom is/is not indicated as medically necessary. The injured employee is noted to have sustained a twisting injury to the left ankle on xx/xx/xx. His condition was refractory to conservative treatment which included air cast, crutches, medications, physical therapy, and steroid injection. MRI of left ankle performed 11/02/10 reported findings highly suspicious for full thickness tear of calcaneal fibular ligament; grade I strain involving the anterior talofibular ligament; severe arthritic changes of tibiotalar joint; moderate tibiotalar joint effusion; chronic bony fragmentation inferior to medial malleolus. The most recent x-rays dated 03/25/11 reported history of grade III ankle sprain. Soft tissue swelling was present with no evidence of fracture or dislocations. The mortis is intact. The injured employee has subjective complaints of ankle pain and instability. Physical examination reported tenderness to palpation over CFL and ATFL, pain with ligamentous testing. There was positive lateral gutter impingement sign. Per Official Disability Guidelines, indications for surgery for ankle sprain include failure of conservative treatment, plus subjective findings of instability of ankle, and objective clinical findings with posterior anterior drawer, and imaging findings with positive stress x-rays identifying motion at ankle or subtalar joint with at least 15 degrees of lateral opening at ankle joint or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray. There is no evidence of motion at ankle or subtalar joint identified by stress x-rays. Moreover, there are significant arthritic joint changes. Examination did not include positive anterior drawer. Given the current clinical data, medical necessity is not established for left ankle arthroscopy with Brostrom.

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)