



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

DATE OF REVIEW: 11/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN dispute

Was the out-patient left ankle hardware removal 20680 considered medically necessary for this patient?

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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

1. Texas Dept of Insurance Assignment to Medwork 10/24/2011
2. Notice of assignment to URA 10/24/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 10/24/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 10/21/2011
6. Insurance 10/17/2011, Pre-Authorization request form 09/28/2011, Insurance 09/12/2011, Medicals 09/23/2011, 08/19/2011, Procedure Note 08/19/2011, Medicals 08/19/2011, 07/30/2010,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient is a male who was injured on xx/xx/xx. He sustained a left ankle fracture. The patient underwent an open reduction and internal fixation of the bimalleolar fracture. The patient had been followed up clinically by his treating provider, Dr.. There was noted to be clinical and radiographic healing of the fractures. The patient did continue to have some degree of persistent pain and was noted to have been considered for removal of the retained hardware of the affected ankle. The prominent hardware was documented in the treating provider's report dated



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September 23, 2011. The specific records reviewed were noted to include denial letters indicating that there was no recent provided comprehensive examination of the left ankle and/or radiologist's reports of full healing and/or documentation of specific responses to prescribed physical therapy.

The treating provider's records included the open reduction-internal fixation procedure from xx/xx/xx. This was a treatment of the left ankle displaced bimalleolar fracture per Dr. .

The records from September 23, 2011, discuss that the xx indicated that he was unable to stand or walk for long periods of time without pain occurring. The physical exam findings revealed that there was "swelling...bony palpation of the ankle-foot...tenderness of the lateral ankle...tenderness at the incision, which is well healed, but he can feel a screw which is painful..." The assessment included that of "loose hardware...he needs a hardware removal." The patient had been recently prescribed Vicodin medication as of August 19, 2011.

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

Applicable guidelines, including from *Official Disability Guidelines*, reveal that hardware removal is not recommended routinely "except in the case of broken hardware or persistent pain after ruling out other causes of pain, such as infection and nonunion." There has not been recent documentation of any other plausible sources of pain generation. In addition, the recent documentation does not adequately delineate that there has been a recent X-ray revealing documentation of the fracture with full healing and/or evidence of the views of the retained hardware and/or its positions. There is not enough documentation to support specific trial of medications and therapies in order to assess response to same and determine if there would, indeed, be "persistent pain" post such treatment as is a guideline requisite. Therefore the request remains upheld.

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 KNOWLEDGBASE
- 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



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- 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)**