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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle arthroscopy and debridement Modified Brostrum lateral ankle ligament reconstruction

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

M.D., 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

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was injured on xx/xx/xx. He worked as and was on a drilling rig where there was equipment failure causing thousands of lbs of steel and hundreds of feet of drill cable to fall to the rig floor. The drill crew ran to get out of harm's way and this man rolled his foot on the last step when he got to the bottom of the stairs. He was unable to put any pressure on the foot and was unable to get up without help. He was treated conservatively with diagnostic / imaging studies, injection, physical therapy, TENS unit and massage. He was immobilized with orthopedic boot. He complains of multiple repeat ankle sprains despite ankle bracing. Dr. noted that he had failed conservative treatment and recommended surgery.

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

This man is noted to have sustained an injury to the right ankle on xx/xx/xx. His condition has been refractory to conservative treatment including physical therapy, injection, medications, activity modification and immobilization / walking boot. MRI of the right ankle on 08/31/10 reported patchy areas of altered marrow signal involving talus and calcaneus which may represent bone contusion / edema; however, there distribution is atypical in possibility of inflammatory arthritis cannot be entirely ruled out. There is minimal fluid along the flexor hallucis longus tendon suggestive of tenosynovitis. Sprain of deltoid and anterior talofibular ligament was noted. There was minimal synovial effusion in ankle and intertarsal joints, with mild subcutaneous edema around the ankle joint. The most recent physical examination by Dr. on 10/05/11 reported no swelling about the ankle. Standing foot position was plantigrade.

There was focal tenderness to palpation over the anterolateral ankle and ATFL. There was 2+ instability to drawer testing. Tilt testing was normal. There was normal ankle range of motion and normal range of motion of the subtalar joint complex. There was no weakness to resisted eversion. Varus stress x-ray of right ankle on this date was noted to reveal 1.5 degrees of lateral opening compared to 0 degrees on contralateral side. A lateral drawer stress x-ray was performed and revealed 1 cm of anterior subluxation of talus with respect to tibia compared to 0 cm on opposite side. It was noted that x-rays are somewhat difficult to administer to patient guarding. However, there is limited objective evidence of instability. The reviewer finds that medical necessity does not exist at this time for Right Ankle arthroscopy and debridement Modified Brostrum lateral ankle ligament reconstruction.

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)