AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: **OCTOBER 17, 2011**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Lower extremity treatment: tibial non union with graft nailing tibia, reamer irrigator aspirator and hardware removal CPT 27724 27749 27899 20680

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 with over 40 years of experience.

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

01-31-2011 M.D. with Orthopedic Group L.L.P.

02-08-2011 PT with Physical Therapy

02-28-2011 M.D. with Orthopedic Group L.L.P.

03-08-2011 PT with Physical Therapy

03-28-2011 M.D. with Orthopedic Group L.L.P.

04-08-2011 PT with Select Physical Therapy

04-27-2011 M.D. with Orthopedic Group L.L.P.

05-18-2011 M.D. with Orthopedic Group L.L.P.

06-01-2011 M.D. with Orthopedic Group L.L.P.

07-06-2011 M.D. with Orthopedic Group L.L.P.

08-08-2011 M.D. with Orthopedic Group L.L.P.

08-01-2011 MD, Orthopedic surgery, performed UR on the claimant

09-15-2011 MD, Orthopedic surgery, performed UR on the Claimant

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant fell from a ladder and sustained left tib/fib fracture on xx/xx/xxxx. He underwent the following surgeries: 02-13-2010 Irrigation and debridement left tibial fracture, 02-17-2010 repeat irrigation and debridement, 02-18-2010 repeat irrigation and debridement, and ORIF left distal tibia, 02-20-2010 free-flap soft tissue coverage. Conservative treatment consisted of multiple PT, and external fixation devices and wound vac.

01-10-2011: Claimant had follow up visit with x-ray with Dr. X-rays showed good contact at his docking site, and proximal regenerate is coming in well. Also noted a fragment at the distal tibia, but over all acceptable. It was noted that the claimant has been in Ilizarov external fixator for 242 days. Dr. scheduled a Saturn ring revision off ring 3 to be able to compress more effectively.

01-31-2011: Claimant had follow up visit with x-rays with Dr. X-rays showed regenerate looks good and noted that it was difficult to see docking sight. Claimant has now been in Ilizarov external fixator for 263 days. Dr. scheduled a four wk follow up with x-rays and noted that he has not started any compression at this time, but is please with his progress.

02-08-2011: Received PT with Select Physical Therapy for fx tibia shaft-open, muscle weakness, left joint stiffness, abnormality of gait. Claimant states he is able to weight bear on left leg, and that has improved since last visit; however he still has difficulty with injury of ADLs.

02-28-2011: Claimant had follow up visit with Dr. with x-rays that showed his regenerate is maturing very well, with over 3 inches of regenerate. He has been

in Ilizarov external fixator 291 days. Docking sight is in good position. It is noted because of a small fragment is difficult to see whether his docking site is healing. He will remain fully weight-bearing with repeat x-ray in four weeks.

03-08-2011: Received PT with Select Physical Therapy for fx tibia shaft-open, muscle weakness, left joint stiffness, abnormality of gait. Claimant reports that he is able to walk more and is now walking using crutches instead of walker and feels more comfortable putting more weight on his left leg.

03-28-2011: Claimant had follow up with Dr. with x-rays which showed proximal regenerate continues to mature, and is still difficult to tell position and healing of his docking site, as it is so small. He has been in his Ilizarov external fixator 319 days. Claimant is still weight bearing as much as he can and will see him back in four weeks.

04-08-2011: Received PT with Select Physical Therapy for fx tibia shaft-open, muscle weakness, left joint stiffness, abnormality of gait. Claimant reports that it is getting easier to perform his daily activities, however has increased pain when moving ankle or walking for long distances or prolonged time. Claimant is now able to ambulate using one crutch.

04-27-2011: Claimant had follow up visit with Dr. with x-rays that showed proximal regenerate looked good, docking site still difficult to assess, because there is so much overlying hardware. It was noted claimant has some equines contracture and will have to work hard in therapy. Dr. questions if his docking site is healed, and has scheduled for frame removal and debridement of pin sites. Claimant has now been in Ilizarov external fixator for 349 days.

05-18-2011: Claimant had follow up visit with Dr. with no x-rays but was noted that soft tissues looked well.

06-01-2011: Claimant had follow up visit with Dr. with x-rays that showed AP and lateral of his distal tibia is in good contact at docking site, but difficult to tell architecture of the docking site is solidly healed. Dr. noted again there was a very small fragment less that 1cm and there are four very well placed inter fragmentary screws. Claimant can now start fully weight bearing in a pool, and in 6 weeks obtain a CT scan to include the ankle.

07-06-2011: Claimant had follow up visit with Dr. with CT scan that revealed a bony bar which essentially has fused his talus to his distal tibia focally and explains why Dr. has had a difficult time getting his docking site to heal. He reviewed CT scan with a musculoskeletal radiologist, Dr. Impression: Remove those screws and bypass his ankle fusion and his distal tibial nonunion with a nail, use the reamer/irrigator/aspirator to harvest bone.

08-08-2011: Claimant had follow up visit with Dr. He was in formed claimant had a four-vessel stent for coronary artery disease and will have to put off surgery for several weeks.

08-04-2011: MD, Orthopedic Surgery, performed an UR on the claimant. Rationale for Denial: The Official Disability Guidelines-Treatment for Workers Compensation does not specifically address the request for Reamer/Irrigator/Aspirator. It is not recommended the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain. Dr. noted there was no documentation of a comprehensive physical examination of the left lower extremity. Denial for lack of documentation.

09-15-2011: MD, Orthopedic Surgery, performed a UR on the claimant. Rationale for Denial: There is no new documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, therefore the medical necessity for the request has not been substantiated.

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

The prior decisions are overturned. Based on the medical records provided for the reviewer, it is understood that the claimant has auto fused. There is a bony bar which essentially has fused his talus to his distal tibia. This is causing an increase of pain and decrease of motion in the ankle. I would have to agree with Dr. to remove the internal fixation devices which will increase is mobility and function of his ankle.

ODG:

Hardware implant removal (fracture fixation)	Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. For more information & references, see the Ankle Chapter.

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)**