I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 left talus Osteochondral Autograft Transfer System (OATS) with medial malleolar osteotomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Initial visit and progress notes M.D. dated 06/10/11-11/29/11
Utilization review determination dated 01/05/12
Preauthorization review dated 01/05/12
Utilization review determination dated 01/12/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female injured on xx/xx/xx with inversion type injury when she slipped walking out of patient's home. She was seen initially in ER and told no fractures on x-rays. She was placed in walking boot, and has been taking Vicodin and Celebrex for pain. She was placed on work restrictions. Physical examination revealed the claimant to be 5'2" tall and 275 lbs. There was diffuse swelling around the left ankle. There was tenderness at the anteromedial aspect of the ankle around the deltoid ligament. There also was some tenderness at anterior / inferior tibial fibular region. There is pain with external rotation stress as well as squeeze test. There is no significant laxity to anterior drawer or tarsal tunnel. Light touch is intact throughout. There are good distal pulses. Achilles is intact and peroneal tendons are stable. X-rays were noted to show possible medial clear space widening. Also an osteochondral lesion was seen in medial talar dome. MRI performed 05/25/11 showed osteochondral lesion of medial talar dome with some surrounding bone marrow edema. Ankle effusion was noted. Progress note dated 06/29/11 indicated the claimant was 9 days status post left ankle arthroscopic talar dome microfracture. She was doing well with minimal pain. On examination surgical incisions are healed. Light touch was intact throughout. She tolerates general ankle range of motion. Sutures were removed and she was placed in a boot and non-weightbearing for next 5 weeks. Follow-up on 08/03/11 indicated the claimant was 6 weeks status post surgery. On examination there was minimal swelling. Light touch

was intact throughout. She tolerates almost full active range of motion. The claimant was to start physical therapy and start weightbearing as tolerated in boot. The claimant was to start physical therapy and weightbearing as tolerated in boot. Follow-up on 10/26/11 indicated the claimant has been doing better with physical therapy but still has hard time when on leg for over 4 hours. She is on work restrictions, which kept her out of work. She ambulates on left lower extremity with fairly normal gait. Left ankle has no significant swelling. There were healed arthroscopic portals and normal sensation. She can dorsiflex past neutral and plantar flex 30 degrees. There is some calf atrophy and weak ankle plantar flexion and dorsiflexion. Follow-up on 11/29/11 indicated the claimant had difficulty getting into work hardening and is now in work conditioning. She is able to stand for longer periods of time but after a couple of hours gets severe pain in ankles with some swelling. She denies any ankle instability. She is not taking any pain medications. She denies any locking.

On examination there was some diffuse swelling of left ankle. There were healed incisions. Light touch is intact. There is full ankle range of motion without any obvious ligamentous laxity.

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

Initial treatment included medications and boot. The claimant subsequently underwent left ankle arthroscopic talar dome microfracture and was noted to have done well following surgery. The most recent examination on 11/29/11 noted some diffuse left ankle swelling with healed incisions. Light touch was intact. There was full range of motion without any obvious ligamentous laxity. MRI was noted to show medial talar dome osteochondral lesion without any significant healing from microfracture procedure with some surrounding bone marrow edema. Surrounding ligaments and tendons were unremarkable. As noted on previous reviews, the proposed OATS procedure is not supported by ODG for ankle. There is insufficient current evidence based peer reviewed literature documenting long term outcome of OATS procedure in ankle. While osteochondral autograft transplant system is recommended in knee, it is not recommended for the ankle. As such, the reviewer finds no medical necessity for 1 left talus Osteochondral Autograft Transfer System (OATS) with medial malleolar osteotomy.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)