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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgery for the right ankle arthroscopic exam and removal osteochondral lesion

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds that medical necessity does not exist for surgery for the right ankle arthroscopic exam and removal osteochondral lesion

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination 06/06/12
Utilization review determination 05/07/12
Clinical note Dr. 04/27/12
MRI right ankle 04/09/12
DWC form 73 no date

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male who was reported to have sustained work related injuries on xx/xx/xx. He is reported to have fallen from a ladder sustaining an injury to the right ankle. The record includes an MRI of the right ankle dated 04/09/12. This study notes an osteochondral lesion on the lateral aspect of the talar dome measuring approximately 5mm medial to lateral by 6mm AP with surrounding marrow edema. The cartilage interface appears disrupted. There is thickening of the anterior talofibular ligament with a questionable small 2mm evulsion from the fibula without marrow edema suggesting a chronic injury. There is a small ankle joint effusion. The claimant was seen by Dr. Dr. reports that on the date of injury the claimant was working on the back side of a house and was on a ladder. The wind knocked him off the ladder and he rolled on to his ankles and landed on his back. His current symptoms were in the right ankle. He reports that when he fell he felt a pop followed by a severe degree of

pain. He has been treated for a sprain of the right ankle and had 16 sessions of physical therapy. He continues to have a severe degree of pain graded as 7-8. His right ankle pops when he walks. He has unpredictable episodes where the right ankle gives out on him. His current medication includes Norco. He sustained an injury to the right ankle two years ago while working on a farm. He was taking care of some electrical work on a well when his right ankle rolled. It got better on its own and he did not report this to the owner. He has had no problems for this injury since then. He is six feet tall and weighs 205 pounds. He walks with a significant degree of limp of the right ankle. Further examination shows swelling in the lateral aspect of the right ankle in relation to the anterior talofibular ligament and this area is quite tender. Inversion test is equivocal. Anterior drawer test is equivocal. There is no neurologic or vascular deficiency. Range of motion is limited. MRI findings are discussed. Dr. reports that he has discussed these findings with the radiologist and she believes this to be a recent injury.

He recommended that the claimant undergo examination under anesthesia with arthroscopic examination and removal of the osteochondral fragment identified on MRI. On 05/07/12 the initial review was performed. The reviewer notes that no documentation was provided with regard to the failure of the claimant to respond to conservative measures such as activity modification, immobilization, corticosteroid injections, and medications prior to this surgical procedure. He notes that there are no progress notes detailing the claimant's functional response to physical therapy. Imaging studies apparently were not submitted for review. He finds that the claimant has not exhausted conservative measures. The appeal request was reviewed on 06/06/12. The reviewer notes that the records fail to objectively document exhaustion and failure of conservative treatment such as activity modification, home exercise training, oral pharmacotherapy, and physical therapy. There were no pain scores provided. There are no physical therapy notes documenting the lack of progress in several attempts. It is noted that the maximum potential of conservative treatment was not fully exhausted to indicate this surgical procedure.

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

This claimant sustained an inversion/eversion injury to the right ankle. He had 16 sessions of physical therapy. These records were not submitted for review. MRI of the right ankle dated 04/09/12 notes an osteochondral lesion on the lateral aspect of the talar dome, which the chronicity is unknown. It is noted that there is surrounding marrow edema suggestive of acute injury. However, this may also be reflective of inflammation caused by chronic injury as to a weight-bearing surface. The record does not provide any supportive data to establish that the claimant was trialed on an appropriate conservative management to include casting, bracing, and intraarticular corticosteroid injections. Given the absence of supporting documentation to establish the failure of appropriate conservative management, medical necessity is not established per the ODG. The reviewer finds that medical necessity does not exist for surgery for the right ankle arthroscopic exam and removal osteochondral lesion

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)