

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 5, 2012

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed arthroscopic debridement, left ankle (29897)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
718.87 845.03	29897		Prop	1					Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 16 pages of records received to include but not limited to: Preauthorization form; Request for an IRO forms;xxxx of records 4.4.12-4.19.12; MRI Left Ankle 2.22.12

Requestor records- a total of 25 pages of records received to include but not limited to: xxxxxof records 1.25.12-6.11.12; MRI Left Ankle 2.22.12

Treating Doctor-- a total of 29 pages of records received from University of to include but not limited to: PHMO request for records; Notice of Dispute Illness 11.3.11; email to 4.12.12-4.23.12;

xxxxx of records 1.25.12-4.19.12; MRI Left Ankle 2.22.12; Direct letters 12.12.11, 4.12.12; xxxxx records 11.1.11-1.20.12; xxxxx report 11.10.11; The xxxxx records 12.8.11-1.5.12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DW C'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The denial is overturned. Rationale: the patient has been treated for over 6 months. There has been some improvement; however, it seems to have plateaued. The patient has been treated with rest, physical therapy and injection therapy using steroids. An MRI has identified a partially torn AITF ligament. Given that the patient has continued to have pain greater than 6 months, a diagnostic arthroscopy and possible debridement is indicated. ODG guidelines allow for a diagnostic arthroscopy when findings to explain the symptoms non-operatively have not been helpful. An MRI, while not 100%, is significantly dependent upon the expertise of the reading radiologist, therefore not infallable. Findings which can be present include treatable unidentified osteochondral defect, focal synovitis, loose body. It frequently has the ability to bring closure in many cases.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES