

SENT VIA EMAIL OR FAX ON
Jun/25/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Steroid Injection with Fluroscopy

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 06/07/12
Utilization review determination 05/03/12
Utilization review determination 05/18/12
Clinical records Dr. 02/14/05-04/17/12
Operative report 11/02/05
Operative report 07/07/08
Clinical note Dr. 11/02/11
Letter of appeal dated undated

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male who is reported to have sustained a work related injury to his leg on xx/xx/xx. On this date he was reported to be cutting a piece of pipe when it broke loose striking his tibia and fibula resulting in closed fractures. He underwent ORIF. He is further noted to have undergone Achilles tendon lengthening. The claimant presented to Dr. on 02/14/05 with complaints of chronic pain and swelling on the right ankle and hind foot regions. He is noted to have undergone bilateral posteromedial releases for club foot deformities as a child. Radiographs performed at this visit show a well healed mid shift tibia and fibular fracture with anatomic alignment. The hardware associated with the injury has been removed. Radiographs of the ankle and foot confirm radiographic stigmata of a club foot deformity with parallelism on the subtalar joint and deformity of the talar head/neck and navicular. There appears to be osseous coalition between the lateral talar head and cuboid

and perhaps mild degenerative changes in the ankle joint. The claimant was referred for a CT scan of the ankle which showed some mild to moderate degenerative post traumatic arthritic changes in the ankle and triple joint complex. The claimant underwent a course of physical therapy and was referred for EMG/NCV which indicated dysfunction of the superficial peroneal nerve. The claimant subsequently was taken to surgery on 11/02/05 at which time he underwent anterior and lateral compartment releases/fasciotomies of the right leg and decompression with external neurolysis of the superficial peroneal nerve of the right leg. It is noted that post-operatively the claimant was doing fairly well but still had many of the pre-operative symptoms that precipitated his surgery on 06/28/07. It is reported that the claimant has developed a recurrent mild equinus contracture with a mild foot drop. A repeat CT scan was performed in 2008 resulting in the claimant being taken to surgery on 07/07/08. At this time he underwent a revision Achilles tendon lengthening of the right leg. Records indicate that the claimant still had continued dysfunction in the right lower extremity. He underwent CT of the right ankle on 07/07/10 which is reported to have shown marked degeneration of the ankle joint with associated degenerative subchondral cystic change involving the interior aspect of the distal tibia and anterior aspect of the articular surface of the talus. There is moderate degeneration of the subtalar joint. A repeat CT scan was performed on 09/01/11. This study notes moderate degeneration of the ankle joint. There is degenerative subchondral cystic change involving the anterior aspect of the tibial plafond and talar dome. There is a moderate sized spur which projects in the dorsal aspect of the talar neck. These findings are not significantly changed in the interval from previous examination. There is moderate degeneration of the subtalar joint and mild degeneration of the calcaneal cuboid joint. There is a discussion regarding anterior arthrotomy and bony decompression due to possible impinging osteophytes. There is discussion regarding a tibio-talo-calcaneal arthrodesis.

Records indicate that the claimant was seen by Dr. on 11/02/11. At this time Dr. performed the injection into the superficial peroneal nerve of a with a 50/50 mixture of Xylocaine and Marcaine. When seen in follow-up on 12/13/11 it is reported that this injection was of no significant value. EMG/NCV study or it was recommended that the claimant undergo EMG/NCV study on 04/17/12. It is reported that the claimant had a normal EMG/NCV study. The claimant is noted to have a mild foot drop with significant arthritis of the ankle joint with anterior bony impingement and possible arthritic pain. He subsequently is recommended to receive a right ankle steroid injection under fluoroscopy as he has declined further surgery. The initial review was performed on 05/03/12. The reviewer notes that the Official Disability Guidelines report steroid injections are under study at the ankle. He notes that there was insufficient documentation submitted for review to indicate the need for right ankle steroid injection. There is no measurement of the claimant's current pain and there is insufficient documentation to establish the failure of conservative management. The subsequent appeal request was reviewed on 05/18/12. He notes that the clinical findings submitted fail to meet practice guidelines for the service requested. He further notes that the requesting provider did not provide any evidence based medicine findings to support intraarticular corticosteroids into the ankles and its efficacy for arthritic pain and subsequently non-certified the request.

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

The request for right ankle steroid injection with fluoroscopy is medically necessary and the prior utilization review determinations are overturned. The submitted clinical records indicate that the claimant sustained an injury to his ankle as a result of work related activity. The claimant subsequently has had a progressive degeneration of the ankle and has undergone multiple surgical interventions in an effort to maintain function. The claimant is identified as having significant degenerative pathology and the request for corticosteroid injection is both reasonable and medically necessary to treat the effects of this condition.

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)