



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/8/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of surgery for right ankle arthroscopy / debridement, mod brostrum.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of surgery for right ankle arthroscopy / debridement, mod brostrum.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and

PATIENT CLINICAL HISTORY [SUMMARY]:

The injury mechanism was noted to involve a twisting inversion stress and bony contusion. The initial impression was that of a Grade 3 lateral ankle sprain. Recurrent pain and instability were documented despite medications, PT, bracing and reduced activities. Ankle joint tenderness and 2+ instability (anterior drawer) were noted, the latter being corroborated by the anterior stress x-ray (including as compared to the normal unaffected ankle.) A 2/13/12 dated MRI reflected bone marrow edema, an ankle effusion and thickening of the anterior tib.-fib. ligament, as per the provider (although the radiologist's report was read as normal.) Extensive rehabilitation records were reviewed, as were denial letters.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The requested procedures are not medically necessary at this time. Despite the Attending Physician-reported clinical and stress x-ray findings, actual stress films and/or radiologist report of same were not submitted. Lateral opening of the ankle joint (as per guidelines) was not reported by the Attending Physician with regards to the reported abnormal ankle stress x-ray findings. The 2/13/12 dated right ankle MRI revealed intact ligaments and was also otherwise read as normal. Without a correlation between the clinical findings and the overall reported imaging studies, the applicable clinical ODG criteria have not been met.

ODG/Ankle and Foot Chapter:

Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

Surgery for ankle sprains; Indications for Surgery -- Lateral ligament ankle reconstruction: Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury: 1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS 2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS 3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade- 3 injury (lateral injury). Ankle sprains can range from stretching (Grade I) to partial rupture

(Grade II) to complete rupture of the ligament (Grade III).1 (Litt, 1992)1 AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS 4. Imaging Clinical Findings: Positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.

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)