



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 03/07/12

**IRO CASE #:**

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

Urgent Left Ankle Arthroscopy 29898

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Urgent Left Ankle Arthroscopy 29898 – OVERTURNED

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Left Ankle MRI, 11/18/11
- Visit History, Physical Therapy, 11/28/11
- Progress Note, 11/30/11

- Orthopedic Follow Up, 01/10/12
- Initial Office Visti, 01/17/12, 02/07/12
- Utilization Review Referral, 02/08/12
- Denial Letters, 02/10/12, 02/15/12
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient injured his left ankle on the job on xx/xx/xx. He had undergone physical therapy and taking Hydrocodone, as well as Naprosyn, but continued with persistent pain in the anterior aspect of the ankle with swelling. An MRI of the left ankle showed changes consistent with prior Achilles tendon repair without recurrence. Otherwise, the MRI was within normal limits. The ankle was injected with a corticosteroid injection, which provided him with some relief, however, the pain did return. then recommended a left ankle arthroscopic examination.

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

The medical records reviewed document the patient having positive subjective complaints including recent instability and pain that has failed appropriate conservative treatment with physical therapy, medication, and injection therapy. The MRI is inconclusive. Therefore, under the Official Disability Guidelines for a diagnostic arthroscopy of the ankle, the request by I feel, is medically indicated. ODG does note the role of diagnostic ankle arthroscopy is limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with a relatively poor outcome, however it does note there are still some indications including articular assessment after fracture or ankle sprain that did indicate were a concern. Therefore, at this time, I do recommend the left ankle arthroscopy.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Arthroscopy	Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. ( <a href="#">Stufkens, 2009</a> ) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of
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	<p>indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. 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 <a href="#">Diagnostic arthroscopy</a>, or the <a href="#">Surgery</a> listings for detailed information on specific treatments that may be done arthroscopically.</p>
<p>Diagnostic arthroscopy</p>	<p><b>Recommended as indicated below.</b> Having started as a mainly diagnostic tool, there has been a gradual shift towards other, less invasive modalities to diagnose ankle pathology, leaving the arthroscope to be a mainly therapeutic tool. <b>However, there are still some indications in which the diagnostic aspect of arthroscopy can be of value. These include articular assessment after ankle fracture</b> and after ankle sprain. Absolute contraindications for ankle arthroscopy are infection and severe degenerative joint disease. Relative contraindications are joint space narrowing or moderate to severe arthrosis, vascular disease and oedema. In the past diagnostic arthroscopy was performed in cases of unexplained pain, swelling, stiffness, haemarthrosis, locking and ankle instability. <b>The role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with relatively poor outcome.</b> (Stufkens, 2009) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. (Lee2, 2010) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. (Joshy, 2010)</p>