



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 9/5/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right ankle manipulation, suture, CPT 27860 and 27695

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

Texas State Licensed MD Board Certified Orthopedic Surgeon

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 8/16/2012,
2. Notice of assignment to URA 8/15/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 8/16/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 8/15/2012
6. Letter from Insurance company 8/7/2012, 8/3/2012, physician advisor report 8/3/2012, letter from physician 7/20/2012, peer review documents 7/16/2012, letter from insurance company 7/3/2012, workers comp precertification 6/28/2012, surgery precertification 6/25/2012, medicals 6/25/2012, 5/7/2012, 4/30/2012, 4/2/2012.



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PATIENT CLINICAL HISTORY:

The patient was noted to have had a traumatic injury reportedly after stepping over a retaining wall and/or into a hole. He reportedly has had, recurrent pain and instability in his affected ankle. He has experienced pain reportedly despite therapy and immobilization for months. He reportedly has had a history of recurrent ankle sprains. Exam findings from the treating provider's office have revealed a positive apprehension sign with inversion and anterior drawer, good range of motion, and tenderness over the lateral ligamentous complex. There has been a consideration for manipulation and suture of the probable torn ligament. Denial letters have indicated the lack of stress views and the lack of MRI positivity for any ligament tear.

Reviewing documents include records from treating provider on 7/20/2012. It was noted that as of April 2012, an MRI of the ankle had not been ordered "due to the results of the standard x-ray did not suggest a fracture or any other abnormal abnormality seen." The additional records reviewed include the results of the peer review dated 7/16/2012. Within that review, the 6/09/2012 dated right ankle MRI was noted to reveal that the "non-visualized anterior talofibular ligament and calcaneal fibular ligaments maybe ruptured...old injury or degeneration of posterior talofibular ligament...mild tenosynovitis...degenerative change...old lateral ankle injury with medial malleolus avulsion injury and deltoid ligament degeneration/partial tear." It was noted that the MRI report was "consistent with a chronic injury of the ankle ligaments." The injury of xx/xx/xx represented an exacerbation of pre-existing disease and that surgical reconstruction of the lateral ligaments "would be appropriate at this stage of treatment..." Additional records from the treating provider were reviewed.

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

The patient clearly has, at this point, well-documented history of recurrent pain, instability, and ankle sprains. The objective findings on examination reveal positive apprehension and evidence of tenderness that corroborate the MRI findings that do support evidence of probable ligamentous rupture. At this point, the stress view would be necessary and the results of the MRI do corroborate the objective clinical findings. There has been a failure of conservative treatment, and therefore the requests by the treating provider are quite reasonable and necessary, as per applicable ODG guidelines that support lateral ligamentous reconstruction. Reference is ODG guideline ankle ligament reconstruction.

The right ankle manipulation, suture CPT 27860 and 27695 are medically necessary for this patient; therefore, the insurer's denial is overturned.



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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)