

Notice of Independent Review

AMENDED REPORT
Added patient name/address,
added to information provided.

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 04/09/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repair of ankle ligaments closure acellular matrix implant

REVIEW OUTCOME:

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

- Upheld** (Agree)
 Overtured (Disagree)
 Partially Overtured (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overtured</i>
845.00	27695		Prosp						Upheld
845.00	27695		Prosp.						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment and letters of denial 02/18/13 and 03/15/13 (w/claims evaluation 03/14/13), **including criteria used in the denial.**
2. Preauthorization rationale 01/02/13 & 02/15/13.
3. Surgical consultation 02/05/13.
4. MRI reports 09/24/12 & 01/31/13
5. H&Ps 10/04, 10/31 and 12/10/12.
6. Podiatric surgical consultation 02/26/13.
7. Treating doctor's notes 10/18 and 12/17/12, 01/18, 01/31 and 02/05/13.

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a male who suffered a left ankle injury on xx/xx/xx while walking in a grassy area. He suffered an inversion injury to his ankle. He was reported to have suffered a left ankle sprain. He was treated with thirteen sessions of physical therapy with improvement. He has persistent complaints of pain which are activity limiting. He has slightly diminished range of motion. He has a reported positive anterior drawer sign. MRI scan of the ankle on 09/24/12 revealed tear of the anterior talofibular ligament. This was repeated on 01/31/13 revealing amorphous thickening of the anterior talofibular ligament compatible with prior injury. A recommendation for reconstruction of the anterior talofibular ligament utilizing an acellular matrix implant was made. The request to preauthorize such a surgical procedure was considered and denied, reconsidered and denied.

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

The patient has not reported significant instability of the ankle. The principal complaints and symptom is one of pain, activity related. There is a report of a positive anterior drawer sign; however, there are no stress x-rays documented. There is no reported use of chronic ankle support such as neoprene device or ankle lacer. At the present time, this individual lacks the indications for reconstruction of the anterior talofibular ligament utilizing an acellular matrix implant. The prior denials were appropriate and should be upheld.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)