

Notice of Independent Review Decision

DATE OF REVIEW: 01/21/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left ankle scope with Brostrom Procedure, excise fibula fracture/loose body

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

The TMF physician reviewer is a board certified orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Left ankle scope with Brostrom Procedures, excise fibula fracture/loose body are not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/10/13
- Letter of determination from – 12/27/12, 01/04/13
- Request for precertification from – 12/20/12, 12/27/12
- Report of MRI of the left ankle – 11/13/12
- Office Visit Notes from – 10/02/12 to 12/31/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she fell down stairs and injured her left ankle. The patient has been diagnosed with a closed lateral malleolus fracture, a sprain of the ankle and tenosynovitis of the ankle. She has been treated with therapy and immobilization but feels like she is not getting any better. The treating physician has recommended that she undergo surgery to excise the fracture fragment of the fibula and to repair the ankle ligaments which are incompetent due to the fracture.

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

The medical record submitted with this request to preauthorize left arthroscopic removal of lateral malleolus loose fragment and Brostrom procedure include documentation of full range of motion. There is no history of episodes of ankle instability. No stress xrays are described. There is insufficient evidence to suggest that ankle arthroscopy is an effective method of treatment for synovitis of the ankle and removal of loose fragments. In the absence of stress xrays demonstrating talar tilt, Brostrom procedure cannot be justified. Prior denials of this request to preauthorize ankle arthroscopy, removal of loose fragment and Brostrom procedure were appropriate and should be upheld. Medical necessity for such a surgical procedure has not been established. Adverse determination is respectfully recommended.

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)