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Notice of Independent Review Decision

Date notice sent to all parties: 6/19/2013

IRO CASE #: 46236

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

arthroscope left ankle, CPT code 29895

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

Texas Licensed Board Certified Orthopedic Surgeon

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 5/24/13 and 6/5/13 Denial letters and rationale
2. 1/15/13-5/13/13 Progress notes
3. 12/27/12 MRI Left ankle report
4. 4/9/13 Select Physical Therapy notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has been well documented to have persistent left ankle pain. The records reveal that the patient was injured when she fell down a flight of stairs with a twisting of her left ankle. The most recent records from the spring of 2013, specifically 05/13/2013, discuss the ongoing ankle pain despite bracing and topical cream. Exam findings have revealed a pigmented portion of the ankle at the sinus tarsi at the level of a prior injection. Additional findings include some diffuse ankle tenderness and a negative Tinel. An MRI from 12/27/2012 had revealed bone marrow edema at the level of the subchondral bone including at the calcaneocuboid joint along with mild edema anterior lateral ankle; the ligaments were noted to be intact. Treatment has included cortisone injections, medications, restricted activities, immobilization, and therapy. The denial letters have revealed that there was a lack of response noted with regards to the cortisone injection. The specifics of surgical intervention were also felt to not be adequately delineated. The results of the MRI did not reveal osteochondral lesion as per the denial letters.

The additional denial letters discussed the lack of apparent internal derangement at the level of the ankle joint including the full range of motion and relatively unremarkable imaging findings.

The next set of records reviewed in summary included the entirety of the clinical notes again most recently on 05/13/2013 in which it was noted that "she reports that she walked an entire day in the mall this past weekend and this did cause her ankle to hurt..." The exam findings revealed "Pain noted to the anterior left ankle. There is still slight pain noted to the sinus tarsi. There is no pain with range of motion of the joints." The assessment was that of capsulitis, pain and sprain/ruptured ankle with a consideration for ankle arthroscopic surgery. As noted, the prior records were also reviewed in detail including the 12/27/2012 dated MRI and the records from Select Physical Therapy, the letter from the spring of 2013.

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

The claimant's combination of objective findings including clinically and on imaging do not at this time support that there is evidence of either an internal derangement osteochondral lesion or even significant acute and/or chronic inflammation. There has been no evidence of a ligamentous disruption, abnormal stress test, significant clinical effusion or consistent areas of tenderness or any crepitus or locking. The ODG guidelines regarding arthroscopic surgery for the ankle would only support the requested procedure with significant abnormal objective findings, which do not

appear to have been documented in this case. Therefore, at this time, the requested procedure does not appear to be medically reasonable and/or necessary at this time based on applicable ODG guidelines ankle chapter, ankle arthroscopic surgery.

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)**