

Envoy Medical Systems, LP
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IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 5/24/13

IRO NO:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Orthopedic Hardware Removal, RT Ankle, Outpatient; CPT: 20680

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

Physician Board Certified: Orthopaedic Surgery

REVIEW OUTCOME

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

| | | |
|---------------------|----------------------------------|-----------------|
| Upheld | (Agree) | <u>X</u> |
| Overtured | (Disagree) | |
| Partially Overtured | (Agree in part/Disagree in part) | |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters/Reconsideration Request;; 4/23/13, 4/19/13, 4/15/13

Clinical Notes: 4/02/13-7/10/12

Orthopedic Consultation Note: 7/03/12

Radiology: X-Ray/Right Ankle, 3 views, X-Ray/Tibia, Fibula; 2 views: 4/02/13

Operative Reports/Procedure Description: 7/19/12

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male who sustained a closed fracture of the right ankle in xx/xx. He underwent open reduction internal fixation. Apparently, he had a benign post operative course and did well. He neglected to follow up for a period of time due to his insurance issues and then later returned to the treating physician. X-rays, at that time, revealed broken syndesmosis screws, however, the fracture itself was in good position. Apparently, the patient desired to have the screws removed. The treating physician, according to his notes, did not feel that was necessary and might be technically difficult.

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

Decision:

I agree with the benefit company's decision to deny the requested services.

Rationale:

I agree with the treating physician's analysis that the risk involved in removal of the screw(s) and screw fragments outweigh any potential benefits. He apparently felt removing the screws completely could be challenging since they are now broken. I do not think removal will be of any significant benefit to the

patient in his clinical course.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPH-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)