

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/15/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Ankle Ligament Reconstruction

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

Board Certified Orthopedic Surgeon (Joint)

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 health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 02/05/13

Receipt of request for IRO dated 02/06/13

Utilization review determination dated 01/15/13

Utilization review determination dated 02/05/13

Radiographic report ankle dated 01/06/11

MRI of the left ankle dated 01/11/11

Clinical notes Dr. dated 10/02/12, 11/27/12, and 01/08/13

Letter of appeal Dr. dated 01/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female who is reported to have injured her left ankle multiple times. The first injury was in xxxx and the most recent date of injury is xx/xx/xx. She is reported to have slipped in the rain. She described an inversion-type injury. She has been treated both times with bracing. She later had some physical therapy. She ultimately

returned to full regular duty. She reports worsening pain along the anterolateral aspect of the ankle as well as feelings of instability. The record includes a radiographic report dated 01/06/11 which is reported as normal. The record contains a MRI of the left ankle dated 01/11/11. This study notes a chronic low-grade partial tear of the anterior talofibular and deltoid ligaments. There is some minimal tendinopathy within the left posterior tibial tendon at its insertion without tear. There is some mild non-specific subcutaneous edema within the patient's left ankle extending into the sinus tarsi, presumably an incidental finding. There is a moderate-sized plantar calcaneal spur without evidence of plantar fasciitis.

On 10/02/12, the claimant was seen by Dr.. Dr. notes the history above. On physical examination, the claimant is noted to be overweight. She has a slightly left antalgic gait. The left ankle has some diffuse swelling. There is tenderness anterolaterally. The Achilles tendon is intact. The peroneal tendons are stable. She has weak ankle aversion and dorsiflexion strength. She has weak ankle eversion and dorsiflexion strength. She is able to actively dorsiflex the ankle and toes. There is laxity to anterior drawer and talar tilt testing which is significant when compared to the contralateral ankle. Light touch is intact. MRI was discussed. The claimant is noted to have recently undergone some physical therapy which she reports is helping. She has pain along the lateral aspect of the ankle. She wears an ankle support and works full duty. She takes Ibuprofen for pain control. She was continued on Ibuprofen, provided with an ankle sleeve, and released to full regular duty.

The claimant was seen in follow-up by Dr. on 01/08/13. She presents for follow-up of the left ankle pain and instability. She has finished physical therapy. Her pain is much improved but she continues to complain of instability in the ankle. She is working full duty and is not taking any pain medications. On physical examination, she is noted to have a normal gait, full ankle range of motion, and no specific area point tenderness. However, she is reported to have significant laxity to anterior drawer and talar tilt testing. She is reported to have a weak peroneal stretch. The claimant was subsequently recommended to undergo operative treatment.

The record contains a letter of appeal dated 01/14/13. Dr. reports that the claimant had a slip-and-fall injury occurring on xx/xx/xx. He notes that the injury has been treated with physical therapy and she has progressively worsened with pain along the anterolateral aspect of the ankle as well as feelings of instability which caused her to fall. She is subsequently recommended to undergo an ankle ligament reconstruction.

The initial review was performed by Dr. on 01/15/13. Dr. non-certified the request noting that the Official Disability Guidelines recommend that lateral ankle reconstruction be used for patients with chronic instability or an acute sprain with documentation of conservative treatment failure and true clinical evidence of instability documented on examination. He notes that examination findings of an ankle or subtalar joint motion of at least 15 degrees lateral opening at the ankle joint have not been documented. The guidelines indicate that positive stress x-rays identifying motion of at least 15 degrees lateral opening of the ankle joint or diagnostic demonstration of subtalar movement with negative arthritic joint changes should be noted prior to proceeding with surgery. He finds that this has not been provided in the medical records presented for review.

A subsequent appeal request was reviewed by Dr. on 02/05/13. Dr. notes that a peer-to-peer was conducted. He indicates that stress x-rays have not been performed. He subsequently finds that no substantive information was provided that would establish that the claimant meets criteria per ODG for a left ankle ligament reconstruction. He further notes that while the claimant has ongoing pain and feelings of instability, there is no documentation of significant laxity to warrant the performance of the procedure.

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

The request for a left ankle ligament reconstruction is not supported by the submitted clinical information. The available medical record indicates that the claimant is a xx year old female

who suffered an inversion injury on xx/xx/xx. She has chronic complaints of left ankle pain and instability. However, the submitted clinical records indicate that the claimant has received conservative treatment with bracing, oral medications, and physical therapy. Her most recent physical examination notes that the claimant has full active range of motion. There is no evidence of point tenderness or instability. The claimant is pain-free and working full regular duty. The records do not provide stress radiographs to establish the alleged instability. Noting the claimant's near-normal physical examination, there would be no clinical indication for the performance of the requested surgical procedure. Based upon the submitted clinical information, it is this reviewer's opinion that the medical necessity of the requested surgical procedure is not established and the prior utilization review determinations are upheld.

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

ACOEM-AMERICA 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)