



Notice of Independent Review Decision

October 4, 2013 [Amended October 8, 2013]

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left ankle arthroscopic extensive debridement as an outpatient

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

American Board of Orthopaedic Surgery

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:

- 7-19-13, office visit.
- 8-14-13, office visit.
- 8-27-13, performed a UR.
- 9-5-13, performed a UR appeal for the surgery.

PATIENT CLINICAL HISTORY [SUMMARY]:

7-19-13 the claimant has persistent pain over the anterolateral ankle joint. She has tried oral anti inflammatories. She was treated in a boot. She has tried physical therapy. She has persistent pain, which limits her activities. On exam, she has tenderness over the anterolateral ankle joint and medial ankle. There is mild swelling. Motor strength is 5/5, DTR 2+. The evaluator provided a steroid injection into the joint. Assessment: Ankle synovitis status post healed distal fibular fracture.

8-14-13 the claimant was injured at work on xx/xx/xx. She was seen a few weeks ago, at which time she was given a steroid injection into the ankle joint. She has also been using a topical anti inflammatory cream. She works full duty. She reports persistent pain that does not improve. On exam, the claimant has tenderness over the anterolateral and anteromedial ankle joint. She is somewhat tender over the posterior tibial tendon as well as peroneal tendons. Motor is 5/5 throughout. Sensation is intact. DTR are 2+ and symmetric bilaterally. Anterior Drawer test is negative with a solid endpoint. Assessment: Persistent ankle pain. Plan: He noted the claimant is nearly a year out from her injury with persistent liming activity which is consistent with ankle synovitis. Surgery was discussed.

8-27-13 performed a UR. UR non certification for left ankle arthroscopic extensive debridement as an outpatient. He noted the MRI did not show any pathology within the joint. Therefore, according to the guidelines, the request was not certified.

9-5-13 performed a UR appeal for the surgery. It was his opinion that based on the progress notes presented for review and noting there was no objectified pathology (to include the suggested synovitis) there is no clear clinical indication for this procedure.

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

Medical records reflect a claimant with a history of healed distal fibular fracture with a current diagnosis of ankle synovitis. The claimant has been treated with medications, a boot, a cortisone injection, and physical therapy. The claimant continues with complaints of persistent pain. She is working full duty. Her exam shows strength 5/5, intact sensation, 2+ DTR. It was noted that the MRI of the ankle showed a distal fibular fracture that was healed. Based on the record provided, there is an absence in documentation of objective findings in MRI or physical exam findings to support the requested left ankle arthroscopic extensive debridement as an outpatient. Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. It is noted that there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. Therefore, the request for left ankle arthroscopic extensive debridement as an outpatient is not reasonable or medically necessary.

- **Per ODG 2013 Arthroscopy:** Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

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)**