

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/15/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Bone Growth Stimulator

### 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

X-ray right ankle 03/07/12

Clinical note 03/22/12-09/19/13

RME 02/13/13

X-ray procedural operative note 05/31/13

X-ray right ankle 08/07/13 and 09/18/13

Lab studies 05/30/13 and 05/31/13

Adverse determinations 08/20/13 and 09/12/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right ankle. X-ray of the right ankle dated 03/07/12 indicated the patient having a large unfused old medial malleolar fracture. Clinical note dated 03/22/12 indicated the patient complaining of right ankle pain. The patient stated that the initial injury occurred when he was involved in a motor vehicle accident. The patient stated that he had been thrown from the vehicle with a subsequent right ankle fracture. The patient stated that he was initially treated with a cast for approximately four months and followed up with therapy. The patient stated that he was continuing with persistent pain at the ankle ever since. The patient stated that he was working and he twisted it again. Onset of increased pain and swelling was noted at this time. The patient was recommended for CT scan at this time in order to provide a clearer picture of the extent of the injury. Clinical note dated 04/30/12 indicated the patient undergoing CT scan of the right ankle secondary to

ongoing pain at the right ankle. The patient was located at the medial aspect of the right ankle. CT scan revealed oblique fracture of the medial malleolus with separation of the fracture fragment with no callus formation noted at the fracture site. Multiple small bony fragments were also noted at the fracture site. Bony contusion involving the medial aspect of the talus was noted. RME dated 02/13/13 indicated the patient being recommended for surgery secondary surgery at the right ankle. Clinical note dated 04/16/13 indicated the patient continuing with pain at the medial aspect of the right ankle. The patient was treated with a cam walking boot. However the patient noted persistent pain and swelling at the ankle. The patient was recommended for orthopedic testing at this time. Clinical note dated 05/29/13 indicated the patient continuing with persistent right ankle pain. The patient had a former smoking habit but the patient quit smoking earlier that year. The patient was recommended for right ankle medial malleolus fracture non-union open reduction internal fixation with grafting. Clinical surgical note dated 05/31/13 indicated the patient undergoing open reduction internal fixation at the non-union of the medial malleolus fracture at the right ankle. Clinical note dated 06/18/13 indicated the patient utilizing a walking boot. The patient was recommended to continue with the use of the walking boot. Clinical note dated 07/30/13 indicated the patient continuing with a walking boot. X-ray of the right ankle dated 08/07/13 revealed orthopedic fixation of the medial malleolar fracture without evidence of hardware complication. Clinical note dated 08/08/13 indicated the patient being recommended for external bone growth stimulator. There appeared to be a bridging callus formation medially where fracture lucency was persistently noted. X-rays of the right ankle dated 09/18/13 revealed a status post internal screw fixation of a medial malleolar fracture with question of a faint persistent lucency at the base of the medial malleolus. Clinical note dated 09/19/13 indicated the patient continuing with tenderness to the medial malleolus at the right ankle upon palpation. The patient continued with stiffness at the right ankle.

The prior utilization review dated 08/20/13 resulted in denial for a bone growth stimulator as there was no evidence of a fracture gap of 1cm or less and no evidence that progressive healing had not occurred confirmed by serial x-rays. Utilization review dated 09/12/13 resulted in denial for bone growth stimulator as x-rays revealed no fracture gap of 1cm or less. No evidence of progressive healing had not occurred as documented by post-operative serial x-rays.

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

Clinical documentation submitted for review notes the patient complaining of ongoing right ankle pain despite recent surgical procedure including ORIF at medial malleolus. Bone growth stimulator would be indicated provided that the patient meets specific criteria, including significant findings indicating likely benefit of a bone growth stimulator. The most recent x-rays mention lucency at the fracture gap. However, no information was submitted regarding serial x-rays confirming that no progressive signs of healing had occurred. Additionally, there is no information present regarding a fracture gap of 1cm or less. Given these findings, this request as such it is the opinion of this reviewer that request for bone growth stimulator at the right ankle is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**