

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroplasty LT ankle

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

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 health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical report dated 05/22/13

CT of the bilateral ankles dated 06/04/13

Prior reviews dated 06/28/13 & 07/23/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The clinical report on 05/22/13 indicated that he fell approximately 18 feet and required multiple surgical procedures to address distal tibial fractures and subsequent nonunion. It does appear that the patient's fractures have now healed; however, the patient continued to report severe pain in the bilateral ankles, left worse than right. The patient did report relief with prior intra-articular steroid injections for the ankles. The patient was utilizing a platform cane as well as ankle braces. Medications have included Hydrocodone occasionally for severe pain. The patient indicated that his activities were severely limited secondary to bilateral ankle pain. Physical examination at this visit demonstrated a significant antalgic gait despite the use of platform canes and ankle braces. For the left ankle, there was reasonable alignment with swelling that was diffused. Healed incisions were present. There was minimal ankle range of motion with crepitus and pain. The ankle could achieve a neutral alignment with approximately 20 degrees of plantar flexion. No ligamentous instability was present and there was limited subtalar motion. Radiographs of the bilateral ankles were stated to show posttraumatic degenerative changes at the left posterior facet of the subtalar joint. The patient was recommended for CT studies of the ankle which were performed on 06/04/13. The study

identified heel fractures of the distal right tibia and fibula. Degenerative changes were seen in the tibiotalar joint space with joint space narrowing and osteophyte formation. Impingement between the medial and lateral malleolus and the talus was present. There was no evidence of loose bodies.

The request for a left ankle arthroplasty was denied by utilization review on 06/28/13 as there was no documentation of non-operative measures such as viscosupplementation injections.

The request was again denied by utilization review on 07/23/13 as there was no documentation regarding a current comprehensive non-operative treatment program to include the use of anti-inflammatories or failed physical therapy. There was also limited evidence in clinical literature regarding benefits from ankle arthroplasty.

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

The patient sustained severe trauma to the bilateral lower extremities secondary to an 18 foot fall which resulted in bilateral tibiofibular fractures. These fractures have since healed; however, the patient developed severe posttraumatic degenerative changes in the bilateral ankles, left worse than right. While the patient does have some residual range of motion in the left ankle, this is significantly limited. The patient cannot ambulate without the use of canes and braces. CT studies did show severe joint space collapse in the left ankle. At this point in time, the patient would not be a candidate for fusion as this would further limit his ability to ambulate. It is also evident that any further conservative treatment to include physical therapy would not reasonably benefit this patient with severe end staged posttraumatic degenerative joint disease at both ankles. Although cemented total ankle arthroplasty is not recommended by current evidence based guidelines, there are indications for the use of non-constrained uncemented devices as an option in selective patients. In this case, this patient is a clear outlier to guideline recommendations that do not support ankle arthroplasty as this would be a reasonable salvage procedure to improve the patient's left ankle range of motion and improve function. In this reviewer's opinion, further physical therapy or other non-operative management would not result in any significant functional improvement. Therefore, this reviewer would support medical necessity for the proposed procedures as an outlier to guidelines. As such, the prior denials are overturned.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES