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Notice of Independent Review Decision

Date notice sent to all parties: 10/27/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle arthrotomy, loose body removal, and exostectomy of the right hindfoot

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

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellowship Trained in Orthopedic Foot and Ankle Surgery and Orthopedic Traumatology

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.

Right ankle arthrotomy, loose body removal, and exostectomy of the right hindfoot
- Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

performed irrigation and debridement of the right ankle and talus fracture dislocation with ORIF of the talus and ORIF of the lateral malleolus on 01/27/12. The pre and postoperative diagnosis was a right open fibula fracture with fracture dislocation of the talus. On 01/29/12, performed irrigation and debridement with delayed primary closure of the right ankle wound. examined the patient on 02/07/12. It was noted he sustained an open fracture of his right ankle and talus. He then underwent both surgeries and spent five days in the hospital for pain medications and antibiotics. He smoked 20 cigarettes a day. He was non-weightbearing on the right lower extremity and his wounds were healing without signs of infection. X-rays revealed postoperative changes. He was placed in a splint and would be off of work. examined the patient on 02/10/12. He had decreased sensation over the dorsum of the foot and it was swollen as expected. He was asked to return in two weeks for x-rays. On 03/05/12, noted x-rays showed the hardware to be in good position without failure. noted he sustained a significantly severe injury to his right ankle and he would likely have significant stiffness in the hindfoot and posttraumatic arthritis. He was advised to start range of motion and to return in six weeks. On 04/23/12, the patient returned. He still had numbness on the dorsum of his foot, but his wounds looked excellent. He was noted to still have a significant amount of range of motion of dorsiflexion of the ankle. X-rays revealed the fracture was healing. He was advised to be partial weightbearing with two crutches. X-rays on 07/25/12 showed his fracture had healed and the alignment was very good. It was difficult to tell if the talus had healed or not, but it appeared so. His soft tissue looked excellent. Plantarflexion was 30 degrees and inversion and eversion were minimal. advised the patient to work on range of motion. He was asked to return in six months. On 01/21/13, reexamined the patient. X-rays showed well positioned hardware and healed fractures of the lateral malleolus and talus. He had some restriction in range of motion and residual weakness, as well as decreased sensation in the dorsum of the foot. felt the patient was close to reaching MMI. Physical therapy was recommended and noted they could consider hardware removal. He was asked to return in two months to decide about hardware removal. On 03/25/13, the patient indicated the screws were rubbing and tender to palpation. Sensation was intact and the flexors and extensors were intact. Hardware removal was recommended, which performed on 04/11/13. performed a Designated Doctor Evaluation on 10/16/13. He continued with severe pain and took Hydrocodone and Motrin. Right ankle dorsiflexion was 0 degrees, plantarflexion was 40 degrees, inversion was 10 degrees, and eversion was 5 degrees. He had tenderness and a positive Tinel's over the sural nerve laterally. SLR was negative bilaterally and the knee and ankle reflexes were 2+ bilaterally. placed the patient at MMI on 10/16/13 and assigned him a 14% whole person impairment rating. An MRI of the foot ankle was recommended and the impression was noted to be sclerosis of the right talar dome with a small area of subchondral collapse laterally and moderate lateral joint line space narrowing. felt the patient could not return to his previous employment. He also noted the patient would be a candidate for some additional surgery, such as an ankle fusion. examined the patient on

05/15/14. He got occasional numbness and tingling. He had no real pain with walking, just some limitation. He wanted to get back to work. He still had not had much swelling. Light touch and protective sensation was slightly reduced and he had limited dorsiflexion. There was exostosis felt at the anterior talus. Inversion and eversion were also slightly limited. X-rays showed some degenerative joint disease and exostosis dorsally at the talus. recommended exostectomy and the patient did not want to do anything, but return to work. Naprosyn as needed was recommended. On 07/09/14, noted the patient started having pain again over the last few weeks. There was no pain on the posterior aspect where he was pointing, but there was pain on the dorsal aspect of the talus. noted this was a confusing situation because the patient kind of showed up whenever he wanted and was taking Norco and Naprosyn. He was getting Norco from a different doctor. X-rays were ordered. On 07/16/14, the patient returned. He was having more pain on the top of his right ankle. He had numbness on the outside of the foot. Inversion and eversion were limited and plantarflexion was normal. Dorsiflexion, passively, was up to 1 degree past neutral. He had exostosis on the dorsal talus that was painful to touch and he had mild pain in the lateral gutter. X-rays showed exostosis with some loose body of early arthritis and old injury in the gutters. noted surgery would be scheduled and his medications were continued. On 07/24/14, noted he had been trying to get him scheduled for surgery, but he had not had any luck getting a peer-to-peer. Naprosyn was continued and he was advised to decrease Norco. On 07/24/14, an orthopedic surgeon, provided an adverse determination for the requested right ankle arthrotomy and loose body removal and exostectomy of the right hindfoot. On 07/31/14, wrote a letter and noted the patient needed surgery for more appropriate range of motion of the joint and appropriate function and ambulation. He requested another peer-to-peer to discuss the case. On 08/25/14, provided another adverse determination for the requested right ankle arthrotomy and loose body removal with exostectomy of the right hindfoot.

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

It does not appear that conservative measures and/or treatment has been exhausted. Based on the records provided, he was seen in October 2013 and then presented on 05/15/14. He had no real pain with walking, just some limitation. He did not have much swelling and wanted to return to work. Exostectomy was recommended at that time and the patient did not want to do anything but return to work. He then returned on 07/09/14 noting a recurrence of pain over the last few weeks. noted this was a confusing situation because the patient showed up whenever he wanted and was getting Norco from another physician. There still has not been adequate documentation that physical therapy has been exhausted. There has been no utilization of diagnostic or possibly therapeutic injections for the patient. Furthermore, there is very little mention of any loose bodies present in the joint and the actual definition of whether or not there is the presence of loose bodies in the joint has not been documented at all based on the medical records provided for review at this time. The Official

Disability Guidelines (ODG) online Foot and Ankle Chapter does not specifically address the proposed procedure. However, it does address loose body removal surgery, which is indicated after failure of conservative treatment. As noted above, there has not been a failure of conservative care based on the documentation reviewed. It does not appear that physical therapy or injections were recommended or trialed, as noted above, prior to proceeding with surgery. It also does not appear a trial of orthotics, bracing, or padded inserts was done prior to requesting surgery. Therefore, the requested right ankle arthrotomy, loose body removal, and exostectomy of the right hindfoot is not appropriate or medically necessary and the previous adverse determinations should be upheld at this time.

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**

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)