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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthrotomy with excision of fracture fragment, synovectomy for Left 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 note dated 10/18/12

Clinical note dated 01/10/13

Clinical note dated 03/26/13

Clinical note dated 04/11/13

Clinical note dated 08/02/13

Clinical note dated 08/23/13

Clinical note dated 12/04/13

Clinical note dated 12/12/13

Clinical note dated 12/30/13

Adverse determinations dated 12/09/13 & 12/17/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding her left ankle. The clinical note dated 10/18/12 indicates the patient stating the initial injury occurred on xx/xx/xx. However, no description of the injury was provided. The note does mention the patient having undergone numerous surgeries. The patient stated that the use of orthotics was providing some benefit in controlling the mobility. The patient did report significant pain at the left lateral ankle that was rated as 4-5/10. X-rays revealed some degree of continued nonunion at the subtalar joint. Good position and alignment was noted with the previously implanted hardware. The patient was provided with a short acting steroid with a B12 injection. The clinical note dated

01/10/13 indicates the patient continuing with pain specifically over the sinus tarsi region specifically with direct palpation. The patient stated that he had had good and bad days with the left ankle. The patient was provided with a diagnostic and therapeutic short acting anesthetic infiltrated around the sinus tarsi with the goal of decreasing the patient's symptomology. The patient was also noted to be utilizing Mobic for ongoing pain relief. The clinical note dated 04/11/13 indicates the wound having completely healed. The area was debrided at that time. One small focal pin point area was noted to continue bleeding. The patient did have complaints of leg cramps in both lower extremities. The patient was provided with a prescription for a muscle relaxant at that time. The clinical note dated 08/02/13 indicates the patient continuing with an increase in discomfort at the lateral anterior ankle as well as the inferior heel. Mild crepitus was noted upon range of motion. X-rays revealed loose fragments at the anterior aspect of the talar neck. Plantar fasciitis was further noted at the bottom of the heel. The clinical note dated 08/23/13 indicates the patient continuing with left ankle pain. The clinical note dated 12/30/13 indicates the patient being recommended for an arthrotomy with a synovectomy at the left ankle.

The utilization review dated 12/09/13 resulted in a denial for the proposed treatment as there was insufficient evidence based literature to support the benefit of the proposed treatment to include treatment for synovitis and a fracture.

The utilization review dated 12/17/13 resulted in a denial as no information was submitted regarding the patient's completion of any conservative treatments other than injections. Additionally, no imaging studies were submitted other than the x-ray.

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

The documentation submitted for review elaborates the patient complaining of ongoing left ankle pain despite a previous surgical intervention. An arthrotomy with a synovectomy would be indicated provided the patient meets specific criteria to include imaging studies confirming the patient's pathology leading to a likely benefit of the proposed treatment and the patient is noted to have undergone a full course of conservative treatments. No MRI was submitted confirming the patient's pathology. No information was submitted regarding the patient's completion of any conservative therapies addressing the left ankle complaints. As such, it is the opinion of this reviewer that the request for an arthrotomy with an excision of the fracture fragment and a synovectomy of the left 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