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IRO Certificate #4599

**Notice of Independent Review Decision**

DATE OF REVIEW: 2/07/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

**Service Denied:** Rt ankle, Scope/Debridement/Microfracture, Biocartilage Implant, Mod Brostrum (Lateral Ligament Reconstruction), CPT: 29891, 27695

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

Physician Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauth Request, Outpatient, Foot/Ankle Restoration.  
Denial Letter, 12/09/13.  
Rationale for Denial, 11/06/13.  
Appeal Reply, 12/09/13.  
Office Visit Notes: 11/15/13, 10/28/13, 10/07/13.  
MRI Imaging, Rt Ankle w/o contrast, 10/22/13.  
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

The patient apparently sustained an 'on the job' injury in xx/xxxx and had ongoing ankle pain. The history is important that the patient have OCD lesion and had undergone previous surgery on 8/02/12. This was for a micro-fracture. He had a series of visco supplementation after that. Apparently, he continued to have some ankle pain and swelling.

MRI was done (10/22/13) and read out as showing an osteochondral lesion of the medial dome of the talus with associated bone marrow edema. There was non-visualization of the interior talofibular ligament, but it did appear that the calcaneofibular ligament was intact. The lesion was described as approximately 10 to 15 millimeters. There was also some early cystic degenerative changes in other areas of the ankle.

Other x-rays described in the physician's office are stress views. In one stress view (11/15/13) it was described that there was a 15 degree lateral tilt on the involved side compared to 5 on the opposite side.

In reviewing the physician's notes (10/28/13), however, it was recorded that there was a 2+ anterior drawer, but talar tilt and inversion tests were recorded as negative. I have some difficulty in interpreting this.

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

**Opinion:**

I agree with the benefit company's decision to deny the requested services.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

**Rationale:**

It appears in this information that the osteochondral lesion continues. He has had previous surgical treatment of this which, apparently, was not successful. In light of that, I'm not certain that a second procedure would also be successful. It appears that his calcaneofibular ligament is intact. There's some question as to how loose the ankle is and I have a difficult time determining that from the data presented. However, with his osteochondral lesion, I doubt that simple stabilization of his anterior talofibular ligament would be of great benefit.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)