

DATE: 10.08.14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 10.08.14

IRO CASE #:

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

M.D., Board Certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Intraarticular ankle steroid injection

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
845.0	20605		Prosp.				Xx/xx/xx		Overturned
845.0	76000		Prosp.				Xx/xx/xx		Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a gentleman who suffered an inversion type injury to his left ankle on the job on xx/xx/xx.

The claimant saw. He was found to have negative x-rays and felt to have a left ankle sprain with persistent synovitis. Of note, this was over one year after the original injury and he was continuing to complain of pain and swelling in the ankle. Physical examination revealed tenderness in the anterolateral and anteromedial aspects of the ankle.

Of note, MRI scan of the ankle showed unusual bone marrow edema throughout the talus, as well as subchondral portions of the tibial plafond and posterior calcaneal subtalar facet. The claimant had failed extensive conservative treatment prior to that, including extensive physical therapy.

Request for intraarticular steroid injection was denied twice. Request for an independent review has been made.

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

In reviewing the medical records, both the denials appear to be boilerplate copies of each other and were denied based on their presumption that the Official Disability Guidelines do not recommend intraarticular injections. A closer look at the ODG guidelines notes they do not specifically say that steroid injections are contraindicated. In addition, appendix D of the ODG guidelines well documents how to address treatments that do not fall perfectly into the guidelines. To quote the ODG guidelines in Section 2 of this appendix, "As explained in the first paragraph above, these are guidelines and there will always be cases that fall outside of the guidelines. Carriers need to make medical decisions when a healthcare provider has requested or rendered treatment outside of or in excess of the guidelines. Carriers should not deny this

treatment only because it is not mentioned or recommended in the guidelines..." In reviewing the foot and ankle section of the ODG guidelines, I will quote the section on steroid injections. They say that they are under study and they quote one single study from 2008 by Ward on intraarticular steroid injections of the foot and ankle. This was a prospective one-year followup evaluation, it was not randomized, and it was not double blind placebo controlled. It received a rating of 4C and only 36 foot and ankle joints were recruited into the study in eighteen patients. The power of this study is certainly in no way significant enough to make true medical decisions, and once again the clinical decision should always be made on the treating surgeon.

The surgeon has recommended steroid injection and/or arthroscopy if this fails to control symptoms. This is quite a reasonable recommendation. Based on my review of the records, I certainly feel that this would be medically reasonable and necessary and overturn the decision by the insurance carrier to deny care for this claimant.

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
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)