

DATE: 10.17.14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 10.17.14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic foot and ankle pain

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right subtalar and ankle arthroscopy

REVIEW OUTCOME:

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

- Upheld** (Agree)
 Overtured (Disagree)
 Partially Overtured (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>
727.06	29898 09906		Preauth. Preauth.				Xx/xx/xx		Upheld Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who had a twisting injury to her right foot and ankle when she suffered an inversion injury. She was diagnosed with a fracture at the base of the fifth metatarsal. The date of injury was xx/xx/xx. She has had persistent right foot pain. She has been treated with medications, activity modifications, and walking orthotic support. An MRI scan of the right lower extremity revealed a metal artifact in the base of the fifth metatarsal. No other bony abnormalities were seen. A bone scan on 09/05/14 revealed only pool bone scan increase of contrast suggestive of the fracture at the base of the fifth metatarsal. The claimant was evaluated for possible chronic regional pain syndrome and was felt not to have suffered such on the basis of the bone scan and a normal EMG and nerve conduction study. A preauthorization request for right ankle and subtalar arthroscopy was submitted. It was considered and denied, and it was reconsidered and denied.

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

Pathologic anatomy in the ankle and subtalar joint has not been documented. There is no evidence of synovitis, loose fragments, or osteophytes in the region of the ankle or subtalar joint. As such, it appears that there is no pathological anatomy present to warrant arthroscopic inspection.

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
- AHCPH-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)