

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Sept/11/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left ankle scope with debridement, possible chondroplasty, Brostrom with lateral ligament reconstruction surgery

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

Orthopedic Surgery

### 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right knee. The MRI of the ankle dated 05/15/14 revealed an attenuated appearance of the ATFL. The lateral collateral ligament appears to be intact. The ankle mortise is intact. The clinical note dated 05/19/14 indicates the patient continuing with pain throughout the ankle. Tenderness was identified at the joint line and lateral talar dome. A 1+ anterior drawer was revealed. The clinical note dated 07/21/14 indicates the patient having completed a course of physical therapy and had undergone an injection. The clinical note dated 08/04/14 indicates the patient having undergone x-rays which revealed 5 degrees of talar tilt with a 7-8 degree of anterior translation with an anterior drawer test.

Utilization review dated 07/25/14 indicated the patient denied the surgical procedure at the left ankle as insufficient information had been submitted confirming the need for surgical intervention. Utilization review dated 08/11/14 resulted in denial as no x-rays were submitted confirming pathology and no MRI was submitted confirming chondral defect.

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

The patient complained of left ankle and low back pain. An arthroscopic debridement with chondroplasty and lateral ligament reconstruction is indicated for patients who have confirmation by x-rays of significant pathology that would likely result in the benefit of the proposed surgical procedure. The clinical notes revealed 5 degrees of talar tilt. The MRI revealed ATFL involvement. The exam revealed provocative findings confirmed lateral ligament involvement a well. Given these factors, this request is reasonable. As such, the request for left ankle scope with debridement, possible chondroplasty, Brostrom, lateral ligament reconstruction surgery is recommended as medically necessary.

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

- ACOEM-AMERICA 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)