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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/6/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle arthroscopy with treatment for intraarticular pathology and modified Brostrom procedure

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

Board Certified 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 male who reported an injury to his right ankle on xx/xx/xx. The MRI of the right ankle dated 05/12/14 revealed a tear at the anterior talofibular ligament. Tenosynovitis was identified at the peroneus longus and brevis tendons. Anterior and posterior tibial fibular ligaments were intact. A clinical note dated 07/29/14 indicated the patient reporting pain, swelling, and bruising at the right ankle. The patient underwent physical therapy and application of boot and pain medications. The patient continued with complaints of pain and instability. The patient returned to work with restrictions. The patient currently weighed 260 pounds and had BMI of 31.76. The patient was ambulating with antalgic gait favoring the right lower extremity. The patient demonstrated good range of motion throughout the right ankle. The patient was recommended for right ankle arthroscopy to treat the intraarticular pathology and modified Brostrom procedure. The utilization review dated 08/01/14 indicated resulted in denial as no information was submitted confirming completion of any conservative treatment. The utilization review dated 08/12/14 resulted in denial as no documentation of stress vis a vis ankle or therapy notes had been submitted for review.

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

The patient complained of right ankle pain. Modified Brostrom/ankle reconstruction is indicated for patients who have completed all conservative treatment, significant clinical findings identified by exam, and imaging studies confirm significant pathology. The patient underwent physical therapy; however, no information was submitted regarding the completion of a full course of treatment as no therapy notes were submitted for review confirming the dates or number of sessions the patient completed. No exam findings were submitted confirming positive anterior drawer sign or. Imaging studies failed to reveal a 15 degree lateral opening at the ankle joint or demonstrable subtalar movement. Given this, the request is not indicated as medically necessary. As such, the opinion of this reviewer that the request for right ankle arthroscopy with pathology and modified Brostrom procedure is not 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)