

Independent Resolutions Inc.

An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011

Fax Number:
(817) 385-9610

Email: independentresolutions@irosolutions.com

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Left ankle arthroscopy

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)

Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx. The patient injured her left ankle to the lateral side. This was initially treated with anti-inflammatories which were found to be beneficial initially. The patient did report some relief with physical therapy. Radiographs of the left ankle from 03/28/14 were reported as normal. MRI studies of the left ankle completed on 04/25/14 noted a sprain of the ATFL as well as tendonitis of the Achilles. No other pertinent pathology was seen. The patient had been followed for persistent complaints of left ankle pain. The patient did receive steroid injections on 12/16/14 which provided approximately 70% relief of pain. The 01/27/15 clinical report noted tenderness along the anterolateral aspect of the left ankle. The patient did ambulate with a slight antalgic gait. Some swelling was evident. No instability was noted on evaluation. Due to the diagnostic results from injections and the patient's persistent pain despite medications and physical therapy, the patient was recommended for an arthroscopic examination of the left ankle.

The requested left ankle arthroscopy was denied on 02/03/15 and 02/09/15 as guidelines indicated ankle arthroscopy has been associated with relatively poor outcomes. It does appear that contact with the treating physician's assistant was performed and the working diagnosis was instability.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The clinical documentation submitted for review would not support the proposed left ankle arthroscopy. The patient has continuing left ankle pain despite conservative treatments to include physical therapy and medications. The patient did have 1 Corticosteroid injection which provided 70% relief of symptoms for a temporary period. MRI and radiographic studies of the left ankle found no evidence for disruption of the tendon or ligament structures. There was some mild tendonitis and a grade 1 sprain of the ATFL. No instability was evident on physical examination. Given the lack of recommendations for diagnostic arthroscopy due to poor postoperative outcomes, it is this reviewer's opinion that the request is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)