

Applied Resolutions LLC

An Independent Review Organization

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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 hardware removal

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 male who sustained an injury on xx/xx/xx when he fell fracturing his left ankle. The patient was initially diagnosed with a closed left lateral malleolus fracture which required open reduction and internal fixation on 10/22/13. The patient had been followed postoperatively with complaints of pain in the lateral side of the left ankle while wearing boots. This caused skin breakdown. On 10/22/14, the clinical evaluation noted a 5mm area of cellulitis at the lateral left ankle. The follow up report on 12/11/14 again noted the patient's inability to wear boots due to abnormal wearing of the left lateral side of the ankle. This caused skin breakdown. Per the report, there was a 5mm in diameter wound that was draining at the proximal portion of the previous incision. The recommendations were for hardware removal and antibiotic treatment. There were concerns regarding possible osteomyelitis versus cellulitis. The requested left ankle hardware removal was denied on 11/03/14 and on 11/12/14 due to the lack of evidence regarding osteomyelitis.

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

The patient has been followed for persistent complaints of pain in the lateral side of the left ankle due to a wound formation. The patient was unable to wear boots due to this wound. The most recent evaluation of the patient still noted a 5mm wound in the left lateral ankle at the proximal portion of the incision site. To date, there is still no evidence of any involvement of the previously retained hardware. There was no evidence of osteomyelitis on imaging or any indications signaling osteomyelitis such as abnormal CRP or SED rates. Given the insufficient objective evidence regarding the development of osteomyelitis which would require hardware removal, it is this reviewer's opinion that medical necessity is not established 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)