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DATE NOTICE SENT TO ALL PARTIES: Jun/01/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left TAL posterior capsule resection, partial excision tib/talus, autografting of cyst, one inpatient day stay, assistant surgeon

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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. IT IS THE OPINION OF THIS REVIEWER THAT THE REQUEST A LEFT TAL, WITH POSTERIOR CAPSULE RESECTION, PARTIAL EXZCISION TIB/TALUS, AUTOGRAFTING OF CYST, ONE DAY INPATIENT STAY AND ASSISTANT SURGEON IS NOT MEDICALLY NECESSARY

PATIENT CLINICAL HISTORY [SUMMARY]: is a Female. On 01/22/2015, A Ct Of The Left Ankle Was Obtained, Documenting Interval Placement Of A Subtotal Ankle Prosthesis, Without Hardware Failure Being Seen. Osteoarthritis Of The Left Ankle Was Seen, Moderate To Severe In Nature, Most Prominent At The Talocalcaneal Facet Joint With Spur Formation And Likely Subcondral Cyst Formation. Osteoarthritis Between The Lateral Aspect Of The Talus And Lateral Malleolus Was Identified. Mild Subluxation Of The Calcaneocuboid Joint Was Also Identified. Dystrophic Calcifications Were Seen Adjacent To The Tibiotalar Joint Posteriorly. Artifact Limited The Evaluation Of The Tibiofibular Ligaments And Calcaneofibular Ligaments. The Achilles tendon Was Intact. On 03/12/2015, The Patient Was Seen Again In Clinic, With Ongoing Left Ankle Pain. It Was Noted She Had Undergone Extensive Debridement With Partial Excision Of The Tibia Fibula And Talus With Synovectomy And Tendo Achilles Lengthening In March, 2012. More Recently, She Described Increased Pain At The Sub fibular Region, With Clicking Of The Anterior Ankle And Transverse Tarsal Joints. On Exam, There Was No Erythema, Induration Or Swelling Of The Left Ankle. It Was Noted She Had Normal Alignment. Dorsiflexion Was -10 Degrees And Plantar Flexion Was 32 Degrees. Strength Was 5/5 In All Muscle Groups Tested, And She Had A Negative Anterior Drawer And Talar Tilt Tests. It Was Recommended That She Have A Tendo Achilles Lengthening Procedure, With Posterior Capsule Resection Of The Posterior Tibia And Talus With Peritalar Cyst Curettage And Grafting With Allograft Bone.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: ON 03/09/2015, A UTILIZATION REVIEW LETTER WAS SUBMITTED, NOTING THAT THE REQUESTED PROCEDURES DID NOT MEET MEDICAL NECESSITY GUIDELINES. CRITERIA UTILIZED WAS WHEELLESS TEXTBOOK OF ORTHOPAEDICS, AS WELL AS ODG ANKLE CHAPTER AND IT WAS NOTED THAT THERE WAS NO DOCUMENTATION OF RE-EVALUATION OF THE

PATIENT AFTER THE CT SCAN WAS PERFORMED, AND THERE WAS NO DOCUMENTATION OF CURRENT CONSERVATIVE MEASURES. AS SUCH, THE REQUEST WAS STATED TO NOT BE MEDICALLY NECESSARY.

ON 04/17/2015, A UTILIZATION REVIEW LETTER WAS SUBMITTED, AND USING WHEELLESS TEXTBOOK OF ORTHOPAEDICS AND ODG, IT WAS NOTED THE REQUESTED PROCEDURES WERE NOT MEDICALLY NECESSARY. IT WAS STATED THAT A PEER REVIEW DISCUSSION FAILED TO DOCUMENT CONSERVATIVE CARE GIVEN, AND THERE WAS CONCERN REGARDING THE MECHANICAL LOOSENING OF THE PROSTHESIS BASED ON THE PER-IMPLANT CYST. IT WAS NOTED THAT OTHER DIAGNOSTIC TESTS MAY BE NECESSARY TO DETERMINE FUTURE TREATMENT AND CARE; THE REQUEST WAS NOT MEDICALLY NECESSARY AT THAT TIME.

THE RECORDS SUBMITTED FOR REVIEW NOTE THAT THE PATIENT HAS BEEN SEEN BY THE TREATING PROVIDER AFTER THE CT SCAN WAS PERFORMED.

THE RECORDS SUBMITTED FOR REVIEW DO NOT DOCUMENT TREATMENT SUCH AS PT, BRACING, SPLINTING OR CASTING FOR THIS PATIENT. THERE IS CONCERN FOR THE SUBTALAR PROSTHESIS, AS IT IS IN GOOD POSITION WITHOUT HARDWARE FAILURE AT THIS TIME, AND FURTHER SURGICAL INTERVENTION MIGHT HASTEN THE FAILURE OF THAT PROSTHESIS. IT IS THE OPINION OF THIS REVIEWER THAT THE REQUEST A LEFT TAL, WITH POSTERIOR CAPSULE RESECTION, PARTIAL EXZCISION TIB/TALUS, AUTOGRAFTING OF CYST, ONE DAY INPATIENT STAY AND ASSISTANT SURGEON 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 & 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)

WHEELLESS TEXTBOOK OF ORTHOPAEDICS