

# **True Decisions Inc.**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 03/25/2016

### **Review Outcome:**

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

Anesthesiology And Pain Management

### **Description of the service or services in dispute:**

US Injection In-Office for Left Ankle Joint Injection

**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 reported injury on XX/XX/XX. The patient was diagnosed with osteochondritis dissecans. Prior treatment includes left lumbar sympathetic block performed on XX/XX/XX. An MRI of the left ankle, performed on XX/XX/XX, revealed osteochondral lesion of the medial talar dome, mild osseous contusion of the medial aspect of the talus and calcaneus and the medial malleolus. Tibiotalar, subtalar, and talonavicular joint effusions. Disruption of the anterior talofibular ligament, and calcaneofibular ligament, and disruption of the deep tibiotalar component of the deltoid ligament. On XX/XX/XX, the patient continued to complain of left foot pain, and left ankle pain. The patient reported he was still having symptoms in this ankle. The platelet rich plasma injection had been denied. The patient denied any true radicular pain. The patient reported 50% improvement. The intraarticular steroid injection performed under ultrasound on XX/XX/XX provided the 50% improvement. The patient wished to repeat the injection. The patient was also requesting a refill of his Mobic and hydrocodone. The medications allowed the patient to function during the day, and sleep at night time, respectively. The patient was working fulltime, full duty as an electrician. The patient was debating whether he wanted to have surgery or not. Physical exam revealed ankle tenderness, particularly lateral greater than medial joint line. It was increased with grinding, particularly with the end range of the plantar flexion and dorsiflexion. Otherwise, normal distal pulses, normal strength, and normal muscle tone. Per the physician the patient was status post left ankle arthroscopy x2 with residual left ankle pain, and the plan was to repeat intraarticular ankle injection under ultrasound in the office.

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

The Official Disability Guidelines do not recommend intraarticular corticosteroid injections. Most evidence for the efficacy of intraarticular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. Per the clinical note submitted for review, the patient complained of ankle pain. The patient was given an intraarticular steroid injection on XX/XX/XX with 50% improvement. However, there were no exceptional factors noted within the documentation which would demonstrate medical

necessity for the requested treatment outside of the recommended guidelines. Given the above, the request for US Injection In-Office for Left Ankle Joint Injection is not medically necessary. Therefore, the previous determination is 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)