

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

02/02/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Partial Excision Lump, Remove Ankle Joint Lining

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right ankle. The patient has stated that initial injury occurred on XX/XX/XX as a result of a trip and fall on some steps.

The MRI of the right ankle dated XX/XX/XX revealed a thickening of the anterior talar fibula ligament along with a remote partial tear. The calcaneal fibular ligament also appeared to be discontinuous. A trace of anterior tibialis tenosynovitis was identified.

The clinical note dated XX/XX/XX indicates the patient continuing complaints of right ankle pain. The patient reported an increase in pain as a result of the surgical removal of the posterior talar process secondary to a fracture. The original intent was to immobilize the right ankle and allow the affected areas to heal properly. However, due to a failure of the healing process and for the patient to recover sufficiently, a surgical intervention was identified. A specific surgical intervention was identified as a removal of the posterior fragment at the talus along with an arthrotomy and synovectomy at the right ankle. The patient reported difficulty driving secondary to a lack of mobility caused by the pain at the right ankle. Swelling was also identified. Upon exam, a surgical scar was identified at the lateral region of the right ankle. Tenderness along with mild edema was identified. No specific pain was identified upon palpation at the Achilles region. No pain was identified at the post tibial tendon region. Pain was elicited with palpation at the posterior lateral ankle area. Pain was also identified with plantar flexion and inversion. The utilization reviews dated XX/XX/XX and XX/XX/XX resulted in denials as insufficient information had been submitted confirming the patient's significant pathology by imaging studies. Furthermore, no

information was submitted regarding the patient's completion of all lower levels of care to include a cortisone injection at the ankle.

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

The documentation indicates the patient complaining of ongoing right ankle pain despite a previous surgical intervention. The proposed surgical intervention involving a partial excision and removal of ankle joint lining would be indicated provided the patient meets specific criteria to include significant findings identified by imaging studies and the patient has completed all conservative treatments. There is no indication the patient has undergone any type of injection at the right ankle. Furthermore, the submitted MRI revealed a thickening at the anterior talar fibula ligament. There is an indication of the patient has findings consistent with osteoarthritis at the posterior facet of the subtalar joint. Tenosynovitis was also identified at the anterior tibialis. However, no information was submitted regarding the patient's need for a partial excision. Furthermore, no information was submitted regarding the patient's completion of any injection therapy. Given these factors, it is unclear if the patient would likely benefit from the post-surgical intervention. Therefore, the recommendation is for non-certification for a partial excision of a lump as well as removal of the ankle joint lining.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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

Arthroscopy

Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

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)