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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Ankle Surgery for Right Ankle

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a now XX-year-old XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The pertinent prior treatments included physical therapy, medication management, and an ankle boot and activity modification. The most recent x-ray was dated XXXX. The x-ray revealed a perfectly concentric ankle with no fracture. There was no osteochondral lesion. The physician stated the patient had undergone an MRI of the right ankle from XXXX. There was lateral soft tissue edema with anterior talofibular ligament injury. There was perhaps mild injury to the deltoid ligament. There were no significant areas of marrow edema or joint injury. The tendons looked normal. The most recent physician documentation was dated XXXX. The office visit noted the patient had continuing right ankle complaints. The patient had received a corticosteroid injection into his right ankle on the office visit of XXXX. The patient had temporary pain relief or less but had called indicating he had a return of pain on his ride home. The patient was back to baseline since that time. The patient ambulated with a right antalgic gait. The right ankle was without swelling, warmth, erythema or bruising. There was no pretibial edema. The patient still complained of discomfort with passive range of motion of the ankle. The ankle joint itself was stable to tilt and drawer. The patient had good strength. The hindfoot had good mobility. The patient's foot was insensate with palpable pulses. The diagnosis was documented as pain in the ankle. The assessment and plan stated the patient had chronic right ankle pain stemming from an on-the-job right ankle injury. The last MRI was several months prior to evaluation. The physician opined the only thing left to do was to offer a diagnostic arthroscopy of the ankle joint with probable debridement of scar tissue. The physician stated it was his preference to have the patient undergo an MRI prior to surgery to make sure there were no surprises or make sure that nothing was being missed as a causative factor for the ankle pain. The physician further stated that if the surgery was not authorized through Worker's Compensation, the physician was going to try to proceed with an arthroscopy of the right ankle. The CPT code that was

requested was 29891, an Ankle arthroscopy/surgery, Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect.

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

The Official Disability Guidelines indicate that an arthroscopy is recommended 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. The patient had continued ankle pain after non-operative care. The patient ambulated with a right antalgic gait and had pain with range of motion on examination. However, the x-rays did not provide findings supportive of the need for surgical intervention. The prior MRI was not provided for review.

Therefore, the ankle surgery for the right ankle is not medically necessary.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle and Foot Chapter, Arthroscopy, Recommended.