

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 13, 2002

RE: MDR Tracking #: M2-03-0210-01
IRO Certificate #: 5263

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This represents an IRO decision regarding right ankle arthroscopy and cyst excision on the claimant. This opinion is based upon copies of medical records forwarded to me including notes from the doctor from 1/29/02, 2/5/02, and 2/12/02; notes from the doctor from 3/29/02, 4/5/02, 5/17/02, and 7/17/02; notes from the doctor from 4/25/02 and 6/6/02, as well as a letter dictated 9/18/02. There is an X-ray report from 1/26/02, report from an ankle MRI from 4/9/02, and reports from electromyogram/nerve conduction study from 5/24/02. Also included were reports from the chiropractor from 4/2/02, and the doctor on 5/9/02. These latter two reports were primarily concerned with the patient's lumbar complaints. An evaluation by the doctor from 7/30/02 and opinions by two other doctors were also reviewed. Multiple handwritten PT notes were included, but were not entirely legible.

According to the history submitted, the claimant was injured on ___ when he slipped as he was carrying some heavy clay. I do not have record of his treatment from that day, but apparently X-rays were performed. He was subsequently seen by the doctor on 1/29/02 for pain in the low back and right ankle. He was provided an air splint for the ankle. He received physical therapy, and he was reevaluated on 2/5/02 and 2/12/02. He saw the doctor on 3/29/02. He saw another doctor on 4/2/02, and returned to the original doctor on 4/5/02. An MRI was ordered of the lumbar spine and the right ankle. The MRI, performed 4/9/02, noted a number of findings,

including "...a 3 cm transverse by 2 cm in longitudinal length by more than 1 cm in diameter of the partially septated oval-shape well-encapsulated high signal fluid retained synovial cyst mass lesion involving the inferior aspect of the lateral malleolus over the talus and calcaneus particularly along the ATF ligaments with focal considerable mass effect to the surrounding structures, particularly the soft tissues associated with anterolateral ankle impingement syndrome. Possible fibular nerve entrapment syndrome cannot be excluded." Also..."There is an oval-shaped fluid retained marginated and encapsulated cystic mass lesion slightly extending into part of the tunnel tarsi near and slightly sinus tarsi, consistent with sinus tarsi and tunnel syndrome and mass effect to part of the cervical and interosseous ligaments." He was then seen by another doctor on 4/25/02. The right lateral ankle was injected with lidocaine and Kenalog. He returned to the original doctor on 5/17/02, who ordered electromyogram/nerve conduction studies. These were performed 5/24/02 by the doctor, who noted "...bilateral L5 nerve root irritation, more on right. No evidence of tarsal tunnel or nerve entrapment." He returned to the doctor on 6/6/02. Ankle arthroscopy and excision of the cyst was recommended.

He saw the original doctor on 7/12/02. The ankle pain was not noted at that visit.

Requested Service(s)

Right ankle arthroscopy and excision of ankle cyst

Decision

I do not feel that ankle arthroscopy is indicated for the right ankle.

I do not have sufficient information to approve or disapprove proposed excision of the ankle cyst.

Rationale/Basis for Decision

Ankle arthroscopy has been proposed for the treatment of anterolateral impingement syndrome. The MRI notes a cystic mass located over the talus and calcaneus, rather than in the distal tibiofibular articulation. Tenderness was noted over the calcaneofibular ligament by two doctors, but the pain was noted by the doctor to be diffuse on 4/5 and medial on 4/16/02. Another doctor noted diffuse pain on his note of 7/30/02. Ankle pain was elicited with range of motion, rather than any specific motions. The diagnosis of anterolateral ankle impingement is questionable, and the cyst as described would be poorly accessible arthroscopically.

I do not have sufficient information to approve or disapprove the proposed excision of ankle cyst excision. As noted above, complaints of pain are inconsistently referable to the area of the cyst. The MRI certainly gives good evidence of the presence of the cyst, but does not verify that the cyst is the source of his ankle pain, or that the cyst was caused by the ankle injury on ____.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,