



## CompPartners Final Report



CompPartners Peer Review Network  
Physician Review Recommendation  
Prepared for TDI/DWC

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-0245-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Kenneth Berliner, M.D.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 12/02/05

### **Review Data:**

- **Notification of IRO Assignment dated 10/31/05, 1 page.**
- **Receipt of Medical Dispute Resolution Request dated 10/21/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 10/11/05, 2 pages.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services Form, 1 page.**
- **Instructions for Completing the TWCC-60 Medical Dispute Resolution Request/Response, 1 page.**
- **Correspondence dated 11/9/05, 1 page.**
- **Denial Rationale Letter dated 11/9/05, 2 pages.**
- **Review Form dated 9/16/05, 1 page.**
- **Notice of Utilization Review Findings dated 9/8/05, 2 pages.**
- **Fax Cover Sheet dated 10/27/05, 1 page.**
- **Correspondence dated 10/27/05, 1 page.**
- **Fax Cover Sheet dated 10/21/05, 1 page.**
- **Correspondence dated 10/21/05, 1 page.**
- **Notice of Intent to Issue an Adverse Determination dated 8/31/05, 1 page.**
- **Orthopedic Consultation Report dated 8/19/05, 3 pages.**
- **Fax Cover Sheet dated 11/28/05, 1 page.**
- **Right Ankle MRI dated 7/5/05, 2 pages.**
- **Right Ankle X-Ray Report dated 5/31/05, 5/30/05, 2 pages.**
- **Patient Initial Medical Report dated 5/31/05, 3 pages.**
- **Progress Report dated 7/18/05, 2 pages.**
- **Order for Production of Documents, 1 page.**
- **Subsequent Report dated 5/31/05, 2 pages.**

### **CORPORATE OFFICE**

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612  
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995  
E-MAIL: [prn@CompPartners.com](mailto:prn@CompPartners.com) TOLL FREE 1-877-968-7426

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied outpatient right ankle arthroscopy with loose body removal.

**Determination: UPHeld** – the previous denial for outpatient right ankle arthroscopy with loose body removal.

**Rationale:**

**Patient's age:** 29 years

**Gender:** Male

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** Walking up a stairwell transporting residents, when a couple of juveniles got into a fight up ahead of him. He ran up the stairs to break up the fight, missed a step and severely sprained his right ankle.

**Diagnoses:** Old ununited fracture of the distal fibula right ankle per X-ray, 05/30/05.  
Right ankle derangement and sprain/strain, 05/30/05.  
Chronic degenerative changes right ankle per MRI, 07/05/05.  
Right ankle pain, loose body, per orthopedic consultation dated 08/19/05.

The claimant is a 29-year-old juvenile detention center worker who sprained his right ankle on \_\_\_\_, while running up the stairs trying to break up a fight. X-rays of the right ankle performed on 05/30/05, showed an old ununited fracture of the distal fibula, without acute abnormality. He was evaluated in the emergency room on 05/30/05 where X-rays were taken and he was given Darvocet and Motrin. Dr. Menard, a chiropractor, evaluated the claimant on 05/31/05, at which time the patient was complaining of right ankle pain, increased with standing, walking, and extending the ankle. The examination revealed pain and tenderness to palpation over the right ankle, especially at the dorsal and medial aspect of the right ankle, severe stiffness and rigidity with motion palpation, tight and restricted joint play, and a mild amount of swelling and edema around the right ankle, especially medially. Range of motion of the ankle produced stiffness, restriction and limitation. He had pain with all ranges of motion, a positive anterior drawer causing moderate to severe right ankle pain, a positive talar tilt for right ankle pain, and negative Thompson Squeeze and Tinel tap tests. He was diagnosed with right ankle derangement and sprain/strain and rule out torn ligaments. He was to continue treatments every two weeks and remain off work. X-rays of the right ankle on 05/31/05, revealed a small rounded bone lateral to the talus and inferior to the fibula, which could be a small chip type fracture off the talus bone. An MRI of the right ankle without contrast performed on 07/05/05, showed mild chronic degenerative changes with bony spurring and mild sclerosis involving the talonavicular joint, a small posterior subtalar joint effusion, which may be related to early degenerative changes within the posterior subtalar joint, no bone erosion, and intact medial and lateral ligamentous structures. He continued with chiropractic treatments. William Lowery, PA for Dr. Berliner evaluated the claimant on 08/19/05, with complaints of constant right ankle pain, increased with weight bearing. He was unable to perform running and jumping, as he was before. He had pain around the posterior aspect of the lateral malleolus and medial malleolus and over the anterior joint line. There was difficulty with stairs and uneven and loose surfaces, as well as a catching sensation.

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Examination of the right ankle showed full range of motion; however, there was tenderness to palpation of the posterior malleolus, just inferior to the medial malleolus, a one plus effusion, some swelling on the dorsum of the right foot, a negative anterior drawer, slight antalgic gait and pain with inversion. The impression was right ankle pain and loose body. Arthroscopy of the right ankle was recommended. A note from Dr. Menard, which appeared to have been from 08/30/05, indicated that the claimant had plateaued with therapy. He was unable to work. The request for a right ankle arthroscopy with removal of loose body was denied twice. This is under dispute. This reviewer could not recommend approval of the right ankle arthroscopy for removal of loose body, because there was no objective evidence of a loose body in the ankle of this claimant. The MRI report of 07/05/05 did not indicate any evidence of a loose body. There were mild chronic degenerative changes with bony spurring and sclerosis, but no evidence of any loose bodies and nothing that would be amendable to surgical intervention. Based on the information provided for review, there was no evidence of a loose body in the ankle and nothing that would indicate anything that would warrant surgical or arthroscopic intervention into this claimant's ankle to improve his clinical condition.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
Orthopedic Sports Medicine Principles and Practice, 2<sup>nd</sup> edition: Chapter 6, page 229: DeLee and Drez

**Physician Reviewers Specialty:** Orthopedics

**Physician Reviewers Qualifications:** Texas licensed MD, and is also currently listed on the TDI/DWC ADL list.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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