

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	12/13/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0282-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for left ankle medial arthrotomy debridement osteochondral lesions.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/13/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested ankle arthrotomy, debridement and drilling is not warranted at this time.

CLINICAL HISTORY:

This 46 year old female allegedly sustained an injury when she stepped on a pallet, and fell when her foot went through a hole on _____. She was seen in the emergency room (ER) and given an Ace wrap and Motrin. She returned a few days later continuing to complain of pain over the lateral aspect of the ankle. She was able to come up on her toes without any pain. Despite the use of crutches, and non-steroidal anti-inflammatory drugs (NSAIDS), she continued to complain of pain. She continued to be on work restrictions and an MRI was obtained.

The MRI of 4/12/05 revealed two osteochondral lesions in the talar dome. The medial lesion was 3 x 13 mm and the lateral lesion was 7 x 10x7 mm. There was some thickening of the peroneal retinaculum but the peroneal tendon was normal.

REFERENCE:

Kumai, T. et al. Arthroscopic Drilling for Treatment of Osteochondral Lesions of the Talus. JBJS 1999, Vol 81:pgs 1229-1235.

RATIONALE:

Dr. Seay evaluated the injured individual on 04/18/2005 and noted tenderness and thickening of the anterior tibiofibular ligament. The note states that she had pain with weight bearing and range of motion (ROM). However there are no details about the degree of pain or the actual ROM. Dr. Seay recommended surgery.

On 05/17/2005 the two lesions were debrided and the subchondral lesions were drilled through two separate incisions. Post operatively the injured individual continued to complain of pain despite the use of a CAM walker and crutches. She was not doing well in therapy and was unhappy with her progress.

On 08/25/2005 a second MRI revealed the presence of a persistent lesion in the medial aspect of the talar bone. The injured individual was advised to consider a repeat surgery. However the office notes from 08/31/2005 through 09/28/2005 only state that “ankle wound is benign”; “she has an excellent ROM” and had no calf tenderness. She only complained of pain with weight bearing.

The injured individual’s complaints, clinical findings and imaging studies do not identify a pathological condition that would warrant repeat surgery. Furthermore, at the time of the initial evaluation by Dr. Seay, all she complained of was pain and tenderness over the anterior tibiofibular ligament. Prior to this she has complained of pain in the lateral aspect of the ankle. Neither of these clinical findings was commensurate with the imaging findings. Therefore the requested procedure is not warranted at this time. Furthermore, at the time of submission of the request for the second surgery, she was less than three months status post the drilling and debridement.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 11/10/05
- MR-117 dated 11/10/05
- DWC-60
- DWC-73: Work Status Reports dated 03/03/05, 03/10/05, 03/17/05, 03/24/05, 03/31/05, 04/01/05, 04/12/05, 09/19/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/11/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/17/05
- Arkansas Claims Management: Letter dated 11/16/05 from Raina Robinson, IRO Coordinator
- Claims Management: Independent Review Organization Summary dated 11/14/05
- Lubbock Accident & Injury Rehabilitation: Individual Psychotherapy Treatment Progress Note dated 11/02/05 from Gayla Neff Hall, LPC, Ph.D
- Lubbock Accident and Injury Rehabilitation: Acute Care Mental Health Evaluation dated 10/12/05 from Gayla Neff Hall, Ph.D., LPC
- UniMed Direct: Review Determination reports dated 09/22/05, 09/08/05
- Left ankle MRI report dated 08/25/05

- Coolbaugh Chiropractic and Rehab: Functional Capacity Evaluation dated 08/04/05 from Kathryn Rowell, OTR, MOT
- Lubbock Accident & Injury Rehabilitation: Patient Daily Notes (handwritten) dated 08/04/05
- Work Comp Interim Report dated 06/08/05 from Robert Coolbaugh, D.C.
- Coolbaugh Chiropractic and Rehab: Initial Evaluation dated 06/06/05 from Kathryn Rowell, OTR, MOT
- Covenant Surgicenter: Operative Report dated 05/17/05 from Gaylon Seay, M.D.
- Covenant Surgicenter: Anesthesia Record dated 05/17/05
- Covenant Medical Office Building: Chest radiographs dated 05/16/05
- Coolbaugh Chiropractic: Letter of Medical Necessity signed 05/13/05
- Gaylon Seay, M.D.: Office notes dated 04/18/05 through 09/28/05
- MRI Central: Left ankle MRI report dated 04/12/05
- Richard Chengson, M.D.: Follow-up Reports dated 04/09/05, 03/26/05, 03/18/05, 03/04/05
- Worker's Compensation Initial Evaluation Report dated 04/12/05 from Robert Coolbaugh, D.C.
- Coolbaugh Chiropractic: Chart notes dated 04/12/05 through 09/12/05
- Coolbaugh Chiropractic: NMES Muscle Stimulator Supply Order signed 04/12/05
- Physical Therapy Associates: S.O.A.P. Notes dated 04/07/05, 04/06/05, 04/04/05 from Brittany Dyal, PTA
- OccMed Associates: Progress Notes (handwritten) dated 04/07/05, 03/24/05, 03/17/05
- Rowena Archibald, M.D.: Follow-up Reports dated 04/04/05, 03/16/05
- Physical Therapy Associates: S.O.A.P. Notes dated 03/15/05, 03/17/05, 03/23/05, 03/24/05, 03/25/05, 03/29/05 from Myra Todd, PTA
- Physical Therapy Associates: Progressive Evaluation dated 03/10/05 from Liesl Olson, MSPT
- Physical Therapy Associates: S.O.A.P. Notes dated 03/10/05 from Liesl Olson, MSPT
- Physical Therapy Associates: S.O.A.P. Notes dated 03/03/05 from Bryce Olson, PT
- Physical Therapy Associates: Initial Evaluation dated 03/03/05 from Bryce Olson, PT
- Employer's First Report of Injury or Illness dated 02/28/05
- UMC Emergency Center: Nursing Record & ED Physician Orders dated 02/28/05
- UMC Emergency Center: ED Physician Record dated 02/28/05
- UMC Emergency Center: ED Physician H&P dated 02/28/05
- UMC Emergency Center: Bedside Record dated 02/28/05
- UMC Health System: Ankle radiographs dated 02/28/05

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** 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 decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

13th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____