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Date: 10/23/2018 3:16:11 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX Placement

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]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as XXXX. The current diagnoses are documented as XX ankle instability, XX, and XX of the XX foot. Past treatment included medications, surgery, bracing, injection, and physical therapy. An MRI of the XX ankle was performed on XXXX and showed heterogeneous marrow signal abnormality in the XX measured XX, mild marrow signal abnormality in XX, XX of the XX volume averaging artifact, and evidence of prior surgery. On XXXX, it was documented this patient had complaints of pain to the XX ankle with instability and occasional locking. Upon physical examination, it was noted XXXX had moderate tenderness to palpation over the XX.

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

According to the Official Disability Guidelines, surgical consideration is indicated when there is documentation noting failure of conservative care, severe, instability, BMI less than XXXX, general XX, XX, XX, and imaging noting the defects. The clinical documentation submitted for review indicated this patient had pain to the XX ankle with instability and locking. Tenderness to palpation was noted. However, there was no documentation noting functional deficits nor swelling. Additional records were provided to include extensive therapy notes and clinical notes

from XXXX. However, no additional records were submitted showed recent pathology. Consequently, the request is not supported.

As such, the requested Microfracture Osteochondral Possible Allograft Cartilage Placement remains upheld and 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 (updated 09/28/2018), Arthroscopy.