

C-IRO Inc.

An Independent Review Organization

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Review Outcome

Description of the service or services in dispute:

XX arthroscopic ankle XX with XX-hour observation

XX – XX

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgeon

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX is a XX-year-old XX who sustained a XX on XX. XX was on a XX when XX lost XX XX. XX XX XX slipped and XX fell XX. XX was diagnosed with pain in unspecified ankle and joints of unspecified XX and sprain of XX XX of XX ankle, XX.

XX. XX was seen by XX on XX for the XX ankle pain. The problem had begun XX. XX did have some numbness for a little while but then increased pain for a day or two. On examination, XX gait was noted. There was tenderness around the ankle. Occasional popping was noted with range of motion.

An MRI of the XX ankle dated XX revealed XX XX XX tear and split tear of the XX XX tendon.

The treatment to date included medications (XX, XX, XX, and XX), ice, a brace, physical therapy, steroid injection (did not help too much), and surgical intervention including XX ankle XX and treatment of XX (XX) and revision XX ankle XX.

Per a utilization review decision letter dated XX, the requested service of XX arthroscopic ankle XX with XX-hour observation was denied by XX. Rationale: "The ODG recommends ankle XX (XX) when there has been a failure of conservative care including XX and anti-inflammatory medications. There are subjective complaints of pain aggravated by activity and relieved by an anesthetic injection, objective findings of XX and / or decreased range of motion, and imaging findings of loss of XX, XX, or nonunion or malunion of a fracture. The ODG states that the best practice target Hospital length of stay following ankle XX is two days. The provided documentation reveals evidence of persistent XX ankle pain greater than XX out from injury. The pain persists despite XX XX surgeries and conservative treatment including physical therapy, XX, anti-inflammatories, and an injection. It is noted that injection of steroid and anesthetic did not provide any symptom improvement. There is no documented objective XX or decreased range of motion. There are no imagining findings of loss of XX cartilage, XX, or nonunion or malunion. The intraoperative findings of the arthroscopy performed on XX, revealed only mild XX of the XX and no evidence of a chondral defect. During the peer-to-peer process, the clinician noted that the ankle injury occurred XX and resulted in significant pain. The previous treatment has included an ankle arthroscopy and conservative treatment. A second arthroscopic procedure was performed. They note that

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currently the injured worker has two options, use a XX and XX with the symptoms or have XX. They suggested that the injured worker wants to proceed with arthroscopic ankle XX due to the persistent pain. There has not been any progress with the treatment to date. The injured worker is back at work XX XX XX XX at work. There are persistent pain and swelling. They noted that they performed an injection, which provided some symptom relief. They note that x-rays look normal and an MRI shows changes of an XX. They stated request is for pain. They noted that there is evidence of swelling, XX and a good range of motion on examination, as there is no evidence of objective malalignment or decreased range of motion and no imaging findings of significant cartilage loss or bone deformity, the requested XX ankle arthroscopic XX with XX-hour observation is not medically necessary. Recommend non-certification.”

Per a utilization review decision letter dated XX, the prior denial was upheld by XX. Rationale: “The most recent assessment documented that the patient was evaluated for continued XX ankle pain. The physical examination revealed occasional popping with the range of motion. The range of motion testing was good. There was swelling noted and tenderness around the ankle. I called and spoke to XX and discussed the case. XX advised that XX has had long discussions with the patient about this procedure and thinks the potential decrease in pain is worth the risks of XX fusion in this case. However, there remained a lack of objective findings of XX and / or decreased range of motion to support the requested procedure. There remained a lack of imaging evidence of positive x-rays confirming the presence of loss of XX or XX. In agreement with the prior determination, the request for XX arthroscopic ankle fusion with XX-hour observation is non-certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG recommends ankle XX (XX) when there has been a failure of conservative care including XX and anti-inflammatory medications, there are subjective complaints of pain aggravated by activity and relieved by an anesthetic injection, objective findings of XX and / or decreased range of motion, and imaging findings of loss of XX, XX, or nonunion or malunion of a fracture. The provided documentation reveals evidence of persistent XX ankle pain XX out from injury despite treatment with previous surgery, physical therapy, bracing, anti-inflammatories, and an injection. There is no evidence that the pain was relieved by the injection. There are no objective findings of XX and/or decreased range of motion. There is also a lack of imaging findings loss of XX, XX, or nonunion or malunion of a fracture. Based on the provided documentation and ODG recommendation, the requested XX arthroscopic ankle XX with XX-hour observation is not medically necessary. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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

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- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines

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- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.