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Notice of Independent Review Decision

DATE OF REVIEW: 12/30/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

11/05/2008, 11/21/2008 Right Ankle arthroscopy & debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
11/05/2008, 11/21/2008 Right Ankle arthroscopy & debridement	79899	-	Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a xx year old male with a past history of open reduction internal fixation of a fracture of the right ankle in xxxx. He suffered a recent inversion sprain of the ankle on 09/05/2008. This injury was treated with appropriate immobilization, activity modification, crutches and medication. Symptoms of persistent pain have been treated with intra articular corticosteroid injection. An MRI scan on 10/11/2008 revealed osteoarthritic change in the right ankle and the calcaneocuboid joint. There is no documentation of chronic instability. The request is for pre authorization for arthroscopy with debridement of the right ankle. This procedure has been denied and reconsideration has been denied. There has been a suggestion that lateral ankle reconstruction should be included in the request.

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

It appears that the previous denials of the request to perform arthroscopic debridement and/or lateral reconstruction of the ankle ligaments were appropriate. There is no documentation of symptomatology on the basis of the osteoarthritic changes of the ankle. There are no loose fragments documented. The symptoms suggestive of chronic instability of the ankle are not present. Reconstruction of the lateral

ligaments cannot be justified without documentation of recurrent lateral ankle sprain.

Lateral ligament
ankle reconstruction
(surgery)

Recommended as indicated below. See also [Surgery for ankle sprains](#).

ODG Indications for Surgery[™] -- Lateral ligament ankle reconstruction:

Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS

2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS

3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).¹ ([Litt, 1992](#))] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS

4. Imaging Clinical Findings: Positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.

Procedures Not supported: Use of prosthetic ligaments, plastic implants, calcaneus osteotomies.

([Washington, 2002](#)) ([Schmidt, 2004](#)) ([Hintermann, 2003](#))

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: Lateral ligament ankle reconstruction (surgery)

