

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** July 22, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Brostrom repair and anterolateral decompression of left ankle (27698)

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

Fellow American Academy of Orthopedic Surgeons

**REVIEW OUTCOME**

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

Overturned (Disagree)

Medical documentation supports the medical necessity of Brostrom repair and anterolateral decompression of left ankle (27698)

ODG have been utilized for denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old who was injured on xx/xx/xx. He twisted his left ankle while stepping out of his truck and developed immediate pain and swelling in the lateral aspect of the ankle joint.

Following the injury, , M.D., evaluated the patient for left ankle injury. Examination findings of the left ankle were fusiform swelling; pain and tenderness over the ankle and foot; pain and tenderness on inversion; tenderness over the anterior talofibular ligament, calcaneofibular ligament, and posterior talofibular ligament; tenderness over the medial aspect of the ankle joint; and swelling in the mid foot region. X-rays showed swelling of the soft tissues. Dr. assessed tertiary sprain of the ankle joint, prescribed Vicodin, and recommended immobilization of the left ankle.

Magnetic resonance imaging (MRI) of the left ankle revealed: (1) Chronic tears of anterior talofibular ligament, posterior talofibular ligament, and calcaneofibular ligament. (2) Tenosynovitis of the peroneal tendons and tendinosis of the peroneal longus tendons. (3) Tenosynovitis of the posterior tibial tendon with tendinitis and tenosynovitis of the flexor tendons. (4) Small ankle joint effusion with small intraarticular bodies projecting posteriorly and layering within the flexor

hallucis longus tendon sheath.

Following this, Dr.        treated the patient with immobilization, medications, and physical therapy (PT).        The patient made satisfactory progress with the conservative treatment and had less pain and better range of motion (ROM) of the left ankle.

In March 2008,        M.D., evaluated the patient for unresolved symptoms of the left ankle. He was unable to elicit an anterior drawer's sign and noted tenderness over the anterolateral aspect of the ankle with some impingement. He stated that the patient did not have instability on the clinical examination and performed an injection. Further he recommended arthroscopy if the injection did not work. Two weeks later, he stated that the patient had an anterior drawer sign with tenderness at times; however, it was difficult to elicit because of tightness in the peroneal. According to him, the patient had a severe ankle sprain resulting in instability of the ankle and synovitis over the anterolateral aspect. He stated that the instability however was not enough to show on x-rays of the ankle. He recommended Brostrom repair as well as an anterolateral decompression of the left ankle.

On April 14, 2008,        M.D., denied the requested surgery with the following rationale: *"Based on the available information, the request for left ankle Brostrom repair and anterolateral decompression is not recommended. The claimant has ankle pain and swelling following the injury on xx/xx/xx. The doctor is not able to elicit positive anterior drawer test per the March 6, 2008 note. And he stated that clinically the patient does have instability (per the March 6, 2008 note). On March 20, 2008, the doctor notes positive anterior drawer and he further states this is not enough to show on a stress x-rays, but there is no indication of an attempt at having stress x-rays performed. Therefore, this request is not supported by guidelines and as much is respectfully denied."*

On May 15, 2008, Dr.        stated that the patient had been diagnosed as having a positive Drawer's sign on the left ankle; however, due to significant peroneal tightness, stress x-rays were not performed. The patient essentially would require an examination under anesthesia to prove the above. He recommended taking Valium 10 mg just prior to the stress x-rays.

On May 23, 2008,        , D.O., nonauthorized the request for reconsideration of the surgery with the following rationale: *"This male was injured at work on xx/xx/xx, when he sustained a left ankle sprain. The claimant has been receiving conservative treatment with PT since the injury. The March 6, 2008, note indicates inability to elicit a positive anterior drawer test. The March 6, 2008 note also has the doctor stating "clinically the patient does have instability." The March 20, 2008 report by Dr        indicates while there is a positive anterior drawer, it would not show on stress x-ray. The May 15, 2008 report, by Dr.        indicates that the claimant having been diagnosed with a positive anterior drawer sign with significant peroneal tightness. Rationale for not doing stress x-rays of the claimant was tight peroneal tendons. It was noted, claimant would take 10 mg of Valium, until the next office visit and then stress x-rays will be attempted. The rationale for non-certification of the requested Brostrom procedure is ODG criteria are not met in the medical records provided for review."*

On June 12, 2008, the patient returned to Dr.        for x-rays (after consumption of

Valium). X-rays revealed evidence of about 20 to 25 degrees of opening upon varus stress. Dr. stated that the patient had obvious instability of the ankle clinically and radiographically and recommended anterolateral decompression with Brostrom type repair of the left ankle.

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

**BASED ON REVIEWING THE AVAILABLE DOCUMENTATION, THE PATIENT IS A MALE WHO SUSTAINED A GRADE III LATERAL ANKLE SPRAIN. THIS WAS TREATED NON-OPERATIVELY WITH IMMOBILIZATION AND PHYSICAL THERAPY, AND CONTINUES WITH PAIN AND SWELLING ON THE LATERAL ASPECT OF HIS ANKLE. ONE PHYSICAL EXAMINATION ILLUSTRATED ANTERIOR DRAWER SIGN. RECENT STRESS X-RAYS DONE WITH PATIENT TAKING VALIUM DOES SHOW EXCESSIVE TALAR TILT. ALL ODG CRITERIA HAVE BEEN MET FOR NON OPERATIVE TREATMENT.**

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES