



DATE OF REVIEW: 6/18/09

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for outpatient surgery for left ankle arthrotomy, bone graft.

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

Texas licensed Orthopedic Surgeon.

REVIEW OUTCOME:

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for outpatient surgery for left ankle arthrotomy, bone graft.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet/Authorization Request dated 6/11/09, 6/5/09.
- Texas Department of Insurance Fax Cover Sheet dated 6/5/09.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization sheet dated 6/5/09.
- Notice to. of Case Assignment Sheet dated 6/5/09.
- Notice of Assignment of Independent Review Organization Sheet dated 6/5/09.

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization Form dated 6/4/09.**
- **Request for/Request for a Review by an Independent Review Organization form dated 6/3/09.**
- **Request for Authorization Sheet dated 5/19/09, 5/7/09.**
- **Preauthorization Determination Report dated 5/27/09, 5/13/09, 4/7/09.**
- **Concurrent Review Determination Report dated 11/25/08.**
- **Texas Workers' Compensation Work Status Report dated 5/7/09, 3/5/09, 2/5/09, 1/8/09, 12/18/08, 12/2/08, 9/23/08.**
- **Report of Medical Evaluation form dated 4/20/09.**
- **Orthopaedic Examination Report dated 4/20/09.**
- **Functional Capacity Evaluation Report dated 4/15/09.**
- **MRI of Ankle Report dated 4/11/09.**
- **Post-Operative Visit Note dated 4/2/09, 3/5/09, 2/5/09, 12/18/08, 12/2/08, 11/11/08, 9/23/08, 9/9/08, 8/26/08, 8/19/08.**
- **SOAP Note dated 12/19/08, 12/17/08, 12/15/08, 12/12/08, 12/10/08, 12/8/08, 12/5/08, 12/3/08, 12/1/08, 11/28/08, 11/26/08, 10/10/08, 10/6/08, 10/3/08, 10/1/08, 9/16/08, 9/18/08, 9/22/08, 9/24/08, 9/26/08, 9/29/08, 11/24/08.**
- **Patient Information Sheet dated 8/15/08.**
- **Pre-Op Orders Sheet dated 8/15/08.**
- **Operative Report (2) dated 8/15/08**
- **Coding Summary Form dated 8/15/08.**
- **Physician's Orders Sheet dated 8/15/08.**
- **General Instructions Activity Sheet dated 8/15/08.**
- **Operative Record Sheet dated 8/15/08.**
- **Post Anesthesia Care Record Sheet dated 8/15/08.**
- **Diagnosis Description Sheet dated 8/6/08.**
- **Laboratory Results dated 8/6/08.**
- **Radiology Report dated 8/6/08, 7/8/08.**
- **Conditions of Service Description Sheet dated 8/6/08.**
- **Required Pre-op Testing Sheet dated 7/17/08.**
- **Post Anesthesia Order Sheet dated 8/15/08.**
- **Outpatient Surgery Record Sheet (unspecified date).**
- **Anesthesia Pre-Operative Testing Sheet (unspecified date).**
- **Patient Profile Sheet (unspecified date).**
- **Echocardiogram Sheet (unspecified date).**
- **Test Code Sheet (unspecified date).**
- **Patient Registration Form dated 8/6/08.**
- **Pain Assessment Flow Record (unspecified date).**
- **Anesthesia Evaluation Sheet (unspecified date).**
- **Evaluation/Re-Assessment Sheet (unspecified date).**
- **Operating Room Addendum Record (unspecified date).**
- **Pre-Post Anesthesia Evaluation Sheet (unspecified date).**
- **Denial of Request/Letter dated 6/15/09.**
- **Peer Review of Medical Records Report dated 6/10/09.**

- **Notice of Assignment of Independent Review Organization Sheet dated 6/5/09.**
- **Preauthorization Determination sheet dated 5/13/09.**

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx-xx-xx

Mechanism of Injury: Twisting injury

Diagnosis: Ankle sprain with ligamentous rupture, osteochondral talar fracture and lateral malleolar fracture.

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

This is a male who reportedly sustained a left ankle twisting injury on xx-xx-xx. The records indicated that the claimant was initially diagnosed with an ankle sprain with ligamentous rupture, an osteochondral talar fracture and a lateral malleolar fracture. A left lower extremity CT scan performed on 07/08/08, revealed fractures of the distal fibula and lateral malleolus, degenerative changes at the tibiotalar joint and degenerative and erosive changes at the tarsometatarsal joints. The claimant subsequently underwent left lateral ankle stabilization, left osteochondral defect fenestration/subchondral drilling, open left ankle arthrotomy, and excision of fibula fragment and application of a cast on 08/15/08. According to the physician records of August through December 2008, the claimant progressed well post-operatively. The claimant attended physical therapy, wore a fracture boot with transition to an ankle brace, was given a left ankle injection and returned to work on 12/08/08 without restrictions. A 12/18/08 physician record noted the claimant progressing well with improved pain to the lateral ankle gutter margin, with resolving edema. Physician records in February and March 2009, noted the claimant with end of day swelling with increased pain. Examination revealed pain in the lateral ankle gutter with mild edema. The claimant reported an approximate 75% improvement since surgery. Continued use of the ankle brace at all times, medication and physical therapy were recommended. A repeat left ankle MRI followed on 04/13/09, and showed a developing tibiotalar osteoarthritis with a large subchondral cyst along the lateral talar dome, with a new articular collapse in that region; a small tibiotalar joint effusion; posterior tibialis and peroneus brevis tendinopathy; interval distal fibular instrumentation.; chronic anterior talofibular ligament tear; and mild degenerative marrow edema with spurring along the first and second cuneiforms and metatarsal articulations. Records indicated that the claimant was determined to be at maximum medical improvement (MMI) on 04/20/08. A surgery authorization request dated 05/07/09, noted a diagnosis of synovitis and tenosynovitis, along with non-traumatic

rupture of tendons of the foot and ankle and fracture of astragalus closed. The claimant was off work. Additional surgery in the form of a left ankle arthrotomy with joint exploration, repair of flexor tendon and repair of disrupted ligament ankle with bone graft and short leg cast was requested. The requested right ankle arthrotomy and bone graft as an outpatient is medically necessary in light of this patient's progressive cyst formation in the talar dome which predisposes this patient to a talar dome fracture which can be a significant problem in the future. This patient has had previous ankle surgery and this is a new cyst which has formed over time, and unless this is dealt with surgically, it can cause fracture or other complications. However, it should be noted that this reviewer believes that the requested surgery is actually an arthrotomy of the ankle with joint exploration, bone grafting, as well as flexor tendon repair and disrupted ligament repair. If that is the operative procedure being requested, then again, the arthrotomy and bone graft is reasonable, but the repair of the flexor tendon and repair of the disrupted ligament is not medically necessary based on review of this medical record. While this reviewer understands this patient had an MRI of the left ankle on 04/13/09 documenting a number of abnormalities, it really does not document a significant tendon abnormality needing repair and while the anterior talofibular ligament is not normal, it does not need to be repaired since there was no documentation in any of the medical records of structural instability and it is possible that the appearance on the MRI looks that way because of a previous surgery. Therefore, if the requested surgery includes tendon repair and ligament repair then that portion of the surgery is not medically necessary as noted above.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPR – 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Foot and Ankle: 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.

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).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

McGlamry's Comprehensive Textbook of Foot and Ankle Surgery, 3rd edition, Chapter 45 "Muscle-tendon surgery and tendon transfers".