Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: November 25, 2009

IRO Case #:

Description of the services in dispute:
Right peroneal tendon repair, Ligament repair.

A description of the qualifications for each physician or other health care provider who reviewed the decision
The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

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

Overturned
The MRI did not reveal peroneal tendon tear per the radiologist reading, however, Dr. Marymount found a split in the peroneus brevis tendon. In addition, the exam showed consistent tenderness and swelling in the peroneus region. Therefore the proposed, right peroneal tendon repair, ligament repair is medically necessary.

Information provided to the IRO for review
Records received from the state
Confirmation of receipt of a request for a review by an independent review organization
Notification of reconsideration determination 11/4/09
Notice of adverse determination 10/20/09
Records received
Follow-up visit note 10/7/09
MRI right ankle 9/11/09
New patient visit 8/19/09
Records received from Dr.
Follow-up visit note 10/21/09

Patient clinical history [summary]

The date of injury was xx/xx/xx. The patient suffered an inversion type injury. The MRI dated 9/11/09 demonstrated right ankle sprain with ruptured anterior talofibular ligament and apparent rupture of calcaneofibular ligament. He was casted in a boot for approximately 2.5 months. The patient has a history of previous lateral ankle reconstruction. The 9/12/09 clinic note states the patient has trace tenderness over the retrofibular regions with continued 1-2+ anterior drawer test. She reports decreased pain with the boot usage. On 10/7/09 the patient reports persistent pain in the right ankle. 1+ anterior drawer test is noted with swelling directly over the retrofibular area with tenderness.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The MRI did not reveal a peroneal tendon tear per the radiologist reading, however, Dr. found a split in the peroneus brevis tendon. In addition, the exam showed consistent tenderness and swelling in the peroneus region. There was subluxation of the peroneus tendon. The patient has failed conservative care with bracing/boot, medications and activity modification for 3 months. The MRI demonstrated ruptured anterior talofibular ligament and ruptured calcaneofibular ligament. The patient was casted for 2.5 months, and had relief of pain with boot. The surgery is allowable to reconstruct the ligament complex and repair any instability or tearing of the peroneus tendon. This will be assessed by an exam under anesthesia and at the time of dissection in the region of the lateral ligament complex. The patient has already had prior surgery to stabilize the ankle. This appears to have failed at the time of the recent injury. The revision surgery is medically necessary. The clinical exam is consistent with possible peroneus tendon injury with subluxation and swelling. Therefore, based on the exam alone, the requested surgery is medically necessary. The MRI showed equivocal peroneus injury as the radiologist did not comment on the peroneus tear that the Dr. read. Nonetheless, the patient's exam is consistent with possible peroneus injury and hence the surgery will allow for examination of this structure to assess need for correction.

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

ODG ankle does not review peroneal tendon repair.
OKU Foot and Ankle 2008 3rd Ed.