

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: September 15, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right ankle neurolysis of the superficial peroneal nerve/transposition; application of short leg splint 64708, 64704, 29515

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

Fellow American Academy of Orthopaedic Surgeons

REVIEW OUTCOME

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization Reviews (08/03/09 – 08/25/09)
- Office Visits (02/26/09 – 07/09/09)
- Diagnostics (02/27/09 – 03/12/09)
- Utilization Reviews (08/03/09)

Law Office

- Carrier submission (09/10/09)

[ODG Criteria has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his right foot/ankle on xx/xx/xxxx when he stepped onto a stair with improper footing on the edge of the step.

On xx/xx/xxxx, M.D., evaluated the patient for right foot/ankle pain, rated as 4-6/10. The patient had tried Vioxx that was helpful. Examination and x-rays of the right foot and ankle were unremarkable. Dr. assessed ankle sprain and prescribed Anaprox. The patient attended three sessions of therapy with no

improvement. Dr. noted tenderness over the navicular bone but full range of motion (ROM). He prescribed Ultracet and Skelaxin and referred the patient for an orthopedic consult.

On March 12, 2009, magnetic resonance imaging (MRI) of the right foot and ankle revealed mild arthritis of the first metatarsophalangeal (MTP) joint, a small ganglion cyst lateral to the talonavicular joint abutting the inferior band of the extensor retinaculum and cervical ligament, and mild soft tissue edema.

M.D., an orthopedic surgeon, noted the patient had history of left shoulder and left knee surgery. Examination of the right ankle revealed mild swelling in the sinus tarsi area, pain with pressure in the anterior talofibular ligament (ATFL) and sinus tarsi area, and pain in the superficial peroneal nerve distribution. Dr. assessed superficial peroneal nerve entrapment syndrome, likely secondary to a small cystic lesion lateral to the talonavicular joint; recommended physical therapy (PT) to include iontophoresis, and prescribed anti-inflammatory medications.

In April, Dr. noted a flexible flat foot and heel inversion when it went into equinus. He diagnosed right talonavicular cyst with some mild arthritis and synovitis secondary to trauma with the work-related injury. He started Celebrex and Lyrica. In May, Dr. noted positive Tinel's over the superficial peroneal nerve and recommended a trial of immobilization, a boot, and light duty work.

On July 9, 2009, the patient reported no improvement in his symptoms and hence Dr. recommended neurolysis of the superficial peroneal nerve.

On August 3, 2009, M.D., denied the request for right ankle neurolysis of the superficial peroneal nerve/transposition with the following rationale: *"The patient presented with right ankle pain and tenderness over the superficial peroneal nerve, mild swelling over that area and mild Tinel's. MRI showed a cyst over the superficial peroneal nerve but there was no official radiology report available for review. There is no electrodiagnostic test done to verify the presence of a peroneal nerve entrapment or neuropathy. Patient had failed conservative care but there is no objective documentation of such failure. He had PT but there is no PT progress notes attached indicating no improvement was being made. The requesting physician also recommended an injection to the right ankle and it cannot be determined from the submitted clinical documentation that the injection was performed or that the patient received any benefits from the injection. Unless the provider furnishes additional clinical information to substantiate this request, the view of this evaluator is that this request is not recommended.*

On August 13, 2009, Dr. noted the patient had been injected just lateral to the talonavicular joint that provided relief for only two days. He recommended electromyography/nerve conduction velocity (EMG/NCV). He opined that based on his physical exam which revealed neuritis in the superficial peroneal nerve findings correlating with the MRI findings of the cystic lesion pushing on this nerve even if nerve conduction studies did not demonstrate evidence of nerve entrapment, he would still recommend surgical intervention given the patient's failure to respond to conservative treatment. Also, the patient had a burning pain, was depressed, was having difficulty working and difficulty sleeping, was frustrated, and wished to proceed with the next step in his treatment.

On August 25, 2009, M.D., denied the appeal for right ankle neurolysis of the superficial peroneal nerve/transposition and application of a short-leg splint. Rationale: *“This is an appeal for reconsideration for right ankle neurolysis. Patient presented with right ankle pain with tenderness over the superficial peroneal nerve and positive Tinel’s. MRI of the right foot and ankle showed a small ganglion cyst lateral to the talonavicular joint abutting the inferior band of the extensor retinaculum and cervical ligament. Treatment to date included anti-inflammatory medications, immobilization, PT, and cortisone injection without relief of symptoms. There is an indication for surgery in this case; however, there is still no electrodiagnostic test done to verify peroneal nerve entrapment at the ankle. As such, the appropriateness, medical necessity, and anticipated benefits of this requested procedure are not sufficiently substantiated.”*

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

CLAIMANT, A MALE SUSTAINED A LATERAL ANKLE SPRAIN. CONTINUED SYMPTOMS WERE CONSISTENT WITH A PERONEAL NERVE INJURY. THIS INCLUDES POSITIVE TINEL’S SIGN AT THE LOCATION OF THE PERONEAL NERVE. THE PATIENT HAS HAD NON-OPERATIVE TREATMENT INCLUDING THERAPY, IMMOBILIZATION, MEDICATION AND INJECTION. INJECTION GAVE SEVERAL DAYS OF RELIEF OF SYMPTOMS. PREVIOUS DENIAL HAD RECOMMENDED AN ELECTRODIAGNOSTIC STUDY. THIS IS USUALLY A CLINICAL DIAGNOSIS AND ELECTRODIAGNOSTIC STUDIES WOULD NOT MAKE MUCH DIFFERENCE IN DECISION MAKING.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**