



REVIEWER'S REPORT

DATE OF REVIEW: 06/20/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right ankle Brostrom repair with anterolateral decompression

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Request for IRO
2. Insurance company denial letters
3. URA records including denial letters
4. Records Orthopedic Surgery including Center for Sports Medicine
5. Preauthorization request
6. Requestor's records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered an ankle inversion injury, i.e. calcaneofibular ligament sprain, back when the patient was working for the xxxx. He had a severe inversion injury to the right ankle. This injury occurred over thirteen years ago, and the patient is still working for the xxxx. Since then the patient has chronic anterolateral ankle pain with instability and multiple sprains. The patient was finally seen and an MRI scan was obtained showing chronic changes consistent with anterolateral ligamentous insufficiency and scarring.

The patient has chronic symptoms, and the patient's orthopedic surgeon has requested the disputed services.

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

The insurance company denials are based on the length of symptoms as a complicating factor as to deny the necessity of surgery. Many patients have chronic pain and instability after presumably simply sprain, and this will lead to soft tissue reconstruction. The patient is still quite young and is not a candidate for limited arthrodesis of the hindfoot or midfoot. Therefore, soft tissue repair such as a Brostrom with decompression at the sinus tarsi, i.e. anterolateral decompression, is medically reasonable and necessary. The ODG Guidelines do not adequately cover this; however, they do discuss lateral ankle reconstruction. This case, particularly in light of the thirteen or fourteen years past this injury, does not fit exactly into the ODG Guidelines. However, based on current orthopedic knowledge, particularly specialty knowledge foot and ankle reconstruction, the request for the above-mentioned procedures are medically reasonable and necessary.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & 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.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)