I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
27829 ORIF Left Ankle Syndesmotic Injury
27695 Left Ankle Lateral Stabilization
29515 Application of Below Knee Splint, Left

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

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

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Review Determinations, 1/21/10, 2/3/10
Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter ankle & foot
Office notes, Dr., 11/20/09, 11/24/09, 12/29/09, 01/05/10, 01/14/10, 02/08/10
Physical therapy evaluation, 11/20/09
MRI left ankle, 12/11/09
Office notes, Dr., 01/12/10, 01/13/10, 01/19/10, 02/08/10
Peer review, Dr., 01/18/10
Peer review, Dr., 01/21/10
Letter, Dr. 01/26/10
Peer review, Dr., 02/03/10

PATIENT CLINICAL HISTORY SUMMARY
This is with complaints of left ankle pain. The MRI of the left ankle from 12/11/09 showed edema extends cephalad into the syndesmosis concerning for a high ankle sprain. Attenuated yet some intact ATF fibers were noted. There was a tear of the anterior inferior tib/fib ligament. Subtalar joint arthritis with sinus tarsitis and reactive subchondral cysts within the angle of the calcaneus was reported. Longitudinal split syndrome of the peroneus brevis with tendinopathy of the peroneus longus was noted. The 01/26/10 letter authored by Dr. indicated that the claimant's exam showed positive anterior drawer test, pain with palpation and compression of the distal syndesmosis and pain with external rotation test. Dr. evaluated the claimant on 02/08/10. X-rays, static tib-fib, clear space was 6.7 millimeters. Talar tilt was 3.1 degrees. The anterior drawer stress view demonstrated 5.7 millimeter of anterior displacement. Six millimeters of medial clear space was noted with stress external rotation test. Dr. noted the claimant was not anesthetized during these exams and there was significant guarding secondary to pain from the claimant. The claimant has been treated with medication, modified duty, bracing, CAM walker, and home exercise program.

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

The MRI in this case, obtained nearly a month after the injury, does not reveal disruption at the syndesmotic level. None of the studies reviewed by the medical doctors appear to reveal such disruption. The recommendation for a lateral ankle reconstruction would not satisfy the ODG Guidelines given that stress views would not appear to demonstrate the degree of lateral opening to satisfy the guidelines for lateral reconstruction. There has not been any further advanced imaging to access the distal tibio-fibular relationship which was not clearly disrupted on the MRI. The records provided do not support medical necessity of the proposed surgical intervention. The reviewer finds that medical necessity does not exist for 27829 ORIF Left Ankle Syndesmotic Injury; 27695 Left Ankle Lateral Stabilization; 29515 Application of Below Knee Splint, Left.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter ankle and foot

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

(Washington, 2002) (Schmidt, 2004) (Hintermann, 2003)

Brace- Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) After Achilles tendon repair, patients splinted with a functional brace rather than a cast post-operatively tended to have a shorter in-patient stay, less time off work and a quicker return to sporting activities. There was also a lower complication rate (excluding rerupture) in the functional brace group. (Khan-Cochrane, 2004) In a randomized, controlled trial of a removable brace versus casting in younger patients with low-risk ankle fractures, treatment with a removable ankle brace was superior to treatment with a cast. (Boutis, 2007)

Cam walker- Not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) In young patients with low-risk ankle fractures, treatment with a removable ankle brace leads to greater activity level and faster return to baseline activity level vs treatment with a cast, and the removable ankle brace is also more cost-effective and preferred by more patients than treatment with a cast. (Boutis, 2007) A 10-day period of immobilization in a below-knee cast or Aircast results in a more rapid recovery from severe ankle sprain compared with the current clinical practice of mobilization after a severe ankle sprain according to an RCT in The Lancet. The researchers conclude that below-knee cast is a better choice for clinicians treating severe ankle sprains than a tubular compression bandage because it aids recovery, lessens symptoms, and helps patients return to normal function. The results of the study call into question the current standard of aggressive functional treatment of patients recovering from acute ankle sprains. (Lamb, 2009) See also Immobilization.

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

[ ] ACOEM-AMERICA 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

[X] 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

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)