



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

DATE OF REVIEW: 3/24/11

IRO Case #:

**Description of the services in dispute:**

Right ankle arthroscopy with possible arthrotomy.

**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 Orthopaedic Society, the American College of Surgeons, the American Academy of Orthopaedic Surgeons, the American Medical Association and the American Academy of Disability Evaluating Physicians. This reviewer has extensive experience with femoral and acetabular surgery. This reviewer has been in active practice since 1976.

**Review Outcome**

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

Upheld

Right ankle arthroscopy with possible arthrotomy.

**Information provided to the IRO for review**

**Records from the State:**

Request for an Independent Review Organization 5 pages, 3/4/11

Company Request for an IRO 2 pages, 3/3/11

Denial Letter 3/1/11, 3 pages

Denial Letter 1/27/11, 3 pages

**Records from the URA:**

Office Visit 2/15/11, 1 page

Office Visit 3/1/11, 1 page

Office Visit 1/13/11, 2 pages

Office Visit Letter of Necessity 1/3/11, 1 page

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Office Visit Letter of Necessity 1/13/11, 1 page  
Office Visit Letter of Necessity 1/13/11, 1 page  
CT of foot 1/7/11, 2 pages  
MRI of Right Ankle 11/12/10, 2 pages  
Precert Information Sheet 1 page  
Med Literature, 1 page

### **Patient clinical history [summary]**

The patient is a XX-year-old female who suffered injury to her right foot and ankle on XX/XX/XX. The mechanism of the injury is not described. Physical findings include only reference to pain produced by range of motion. Crepitation of ankle range of motion is reported. The MRI scan dated 11/12/XX reveals bone marrow edema, subtalar joint tenodesis and peroneus longus and brevis. The interosseous subtalar ligament is intact. Other findings include retrocalcaneal bursitis and subtalar effusion. The CT scan right foot and ankle without contrast dated 1/7/XX revealed no acute bone abnormality, 4 mm lateral talar dome osteochondral lesion, and advanced middle and posterior subtalar joint osteoarthritis. Clinical note date 3/1/XX indicates that the patient has been treated with injection therapy, physical therapy, supportive devices such as braces and orthoses, long term casting and time. The current request is for preauthorization for ankle arthroscopy, possible arthrotomy. The request has been considered and denied and then reconsidered and denied.

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

This is the final level appeal of services being denied as not medically necessary. Services denied: ankle arthroscopy with possible arthrotomy.

The prior denials should be upheld. There is no specific documentation of non-operative treatment. Injection therapy is mentioned in the medical note of 3/11/XX. There is no documentation of the medication injected and the location of the injection. There is no documentation of physical therapy provided. Braces and orthoses applications are mentioned; however, there is no documentation of the types of braces or orthoses and the duration of their use. Long-term casting is mentioned; however, no dates of casting are provided. It is not documented whether the patient has utilized ambulation aids, activity modification, and non-steroidal antiinflammatory. In the absence of documentation of the non-operative treatment of this patient's painful complaints, the request for the right ankle arthroscopy with possible arthrotomy is upheld.

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

ODG, 2011, foot and ankle chapter. Arthroscopy Recommended. An arthroscope is a tool like a

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camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (De Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

Diagnostic arthroscopy recommended as indicated below. Having started as a mainly diagnostic tool, there has been a gradual shift towards other, less invasive modalities to diagnose ankle pathology, leaving the arthroscope to be a mainly therapeutic tool. However, there are still some indications in which the diagnostic aspect of arthroscopy can be of value. These include articular assessment after ankle fracture and after ankle sprain. Absolute contraindications for ankle arthroscopy are infection and severe degenerative joint disease. Relative contraindications are joint space narrowing or moderate to severe arthrosis, vascular disease and oedema. In the past diagnostic arthroscopy was performed in cases of unexplained pain, swelling, stiffness, haemarthrosis, locking and ankle instability. The role of diagnostic ankle arthroscopy is currently limited due to the increased accuracy of radiological procedures and due to the fact that diagnostic ankle arthroscopy has been demonstrated to be associated with relatively poor outcome. (Stufkens, 2009) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. (Lee2, 2010) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. (Joshy, 2010)