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**Notice of Independent Review Decision**  
**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 03/31/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Peroneal brevis sheath injection of the left ankle

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

Board Certified in Orthopedic Surgery

Fellowship Trained in Orthopedic Foot and Ankle Surgery and Orthopedic Traumatology

**REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Peroneal brevis sheath injection of the left ankle - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An operative report from M.D. dated 03/25/XX

A DWC-73 form from Dr. dated 04/07/XX

Evaluations with Dr. dated 06/02/XX, 08/25/XX, 12/03/XX, 12/21/XX, 01/26/XX, and 02/23/XX

An MRI of the left ankle interpreted by M.D. dated 12/13/XX

A Designated Doctor Evaluation with M.D. dated 12/28/XX

A radiology department report for a left peroneal brevis sheath injection dated 02/23/XX

Letters of denial dated 03/09/XX and 03/15/XX according to the Official Disability Guidelines (ODG).

A Prospective Review Response from M.D. dated 03/25/XX

The ODG Guidelines were provided by the carrier/URA

**PATIENT CLINICAL HISTORY**

On 03/25/XX, Dr. performed a left ankle extensive arthroscopic debridement. On 06/02/XX, Dr. released the patient to full work duty. On 08/25/XX, Dr. felt the patient was at Maximum Medical Improvement (MMI) and recommended an impairment rating evaluation. By 12/03/XX, the patient continued to have left ankle pain and a repeat MRI was ordered. An MRI of the left

ankle interpreted by Dr. on 12/13/XX showed mild tenosynovitis of the peroneus brevis and posterior tibialis tendon sheaths and a small joint effusion. On 12/28/XX, Dr. felt the patient was not at Maximum Medical Improvement (MMI). On 01/26/XX, Dr. performed a left ankle intrarticular corticosteroid injection. On 02/23/XX, Dr. recommended a peroneal tendon sheath injection and possible peroneal tendon exploration with tenosynovectomy. On 03/09/XX and 03/15/XX, insurance company wrote letters of denial for a left ankle peroneal brevis sheath injection.

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

Based on the documentation provided, the patient's pain has not been very focused and the physical examination findings, as well as the MRI findings, have not elucidated the exact area and location of pain. The latest injection in the ankle provided no relief whatsoever and there does not appear to be any clear significant tenderness in the peroneal tendon sheath based on the examination findings. The ODG does not address or endorse injections as recommended conservative treatment for peroneal tendonitis. I think that satisfactory results after the injection are probably limited, at best. Furthermore, I am not clear on why this procedure cannot be done in an office based setting. Therefore, the requested peroneal brevis sheath injection of the left ankle is not reasonable or necessary and the previous adverse determinations should be upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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)