

SENT VIA EMAIL OR FAX ON
Aug/08/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Peroneal Tenolysis Repair with Peroneal Retractor Repair and Ankle Arthroscopy/Debridement

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines

1. Request for IRO dated 07/21/11
2. Clinical records Dr. dated 06/08/11, 06/13/11, 06/24/11
3. MRI right ankle dated 06/22/11
4. Utilization review determination dated 06/21/11
5. Utilization review determination dated 07/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have injured her ankle and foot while at work. She was turning a corner and accidentally kicked some chairs sustaining injuries to her ankle and foot. She reported developing some pain and deformity of the 5th toe which resolved after buddy taping her 4th and 5th toes together; however, she reported her pain in her ankle is persistent and now reports mechanical symptoms of catching as well as give way of the ankle. On physical examination she is 5'2" tall and weighs 155 lbs. On examination of the

left foot she has functioning anterior tib, posterior tib peroneals and gastrocnemius muscle groups. The patient has pain with stress testing of the peroneal tendons with intrasheath subluxation of peroneal tendons themselves. These do not dislocate from behind the fibula. She has a lot of apprehension when averting the ankle. She is reported to have pain to palpation around the peroneal tendons themselves. She has no instability. She has some discomfort around the 5th toe interphalangeal joints. She is neurologically intact. Radiographs of the right ankle showed no evidence of fracture or dislocations. The mortis and syndesmosis are intact. Three views of the right foot reveal no evidence of fracture. The alignment of mid and forefoot is good. It is opined the claimant sustained a sprained and contused toe. She was continued on buddy taping. She was subsequently placed in a short leg cast to be seen in follow up in four weeks.

On 06/13/11 the claimant was seen in follow up. She's noted to be in a cast and is concerned about her peroneal tendons continuing to sublux. Her cast is in good repair with no breakdown noted. Dr. subsequently recommends that she undergo a peroneal tenolysis with lateral retinacular repair with a groove deepening procedure as well as an ankle scope. She's to be referred for MRI.

MRI of the right ankle was performed on 06/22/11. This study notes mild tenosynovitis involving the peroneus longus and brevis tendons.

The claimant was seen in follow up on 06/24/11. She is reported to have been in a short leg cast non weight bearing with crutches and she reports having pain in her calves. The cast was removed she has no breakdown noted. She has pain upon palpation around the peroneal tendons which sublux but do not dislocate. There's mild swelling noted in the area. MRI was discussed. She was subsequently provided a prednisone dose pack.

On 06/21/11 the initial request for surgery was reviewed by Dr who notes that the claimant is only two and a half weeks post injury and that there's a clinical report of peroneal tendon instability but no overt ankle instability. It's noted that the claimant was immobilized in short leg cast which was to be worn for four weeks. He notes that no official MRI report if any had been accomplished. He subsequently finds that the request is not established by the records.

A subsequent appeal request was reviewed by Dr. on 07/06/11 who reports that the requested surgical intervention is not indicated for the compensable right ankle sprain. He notes that the claimant is recently undergone MRI documenting tenosynovitis of the peroneal tendons without tear. Most recent examination documents tenderness to palpation with no evidence of instability. He notes that there is insufficient evidence supporting the beneficial fact of arthroscopy for the treatment of ankle synovitis alone. He further notes that the claimant has not undergone the required reasonable conservative treatment prior to proceeding with surgical intervention. He notes that physical therapy and continued immobilization are clinically warranted.

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

The request for right peroneal tenolysis repair with peroneal retractor repair and ankle arthroscopy and debridement is not supported by the submitted clinical information. The records indicate on the date of injury the claimant accidentally kicked a chair. She subsequently developed foot and ankle pain. MRI has shown the presence of tenosynovitis of the peroneus longus and brevis tendons. There is no evidence of other pathology. Records do not indicate the claimant has completed an appropriate course of conservative treatment. Based on the clinical information provided, medical necessity was not established and the previous determinations are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES