



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/2/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of O/P right ankle scope debridement modified brostum (29898, 27695).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of O/P right ankle scope debridement modified brostum (29898, 27695).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has a history of falling off of a roof, persistent peroneal tendon pain and a non-displaced talar fracture were noted in the operative reports. The patient has been documented to be status post-surgical peroneal synovectomy on 9/28/10. In addition, the patient is status post-surgical repair of peroneus brevis tendon, along with synovial debridement, along with excision of talar exostosis of the right foot, as of 2/1/11. The Attending Physician records were reviewed, including the post-operative records.

Most recently as of 10/7/11-10/21/11 dated records; there was ongoing right ankle pain and a chronic limp noted. Exam findings reveal tenderness at the antero-lateral ankle and anterior talar fibular ligament. A talar 'tilt' test was noted to have been 5 degrees, with an anterior drawer translation of 15 mm (vs. 0 degrees and 2 mm at the contra-lateral ankle, respectively) X-rays showed ankle

mortise as maintained. Prior treatments have included injection, bracing, and therapy.

Denial letters noted the lack of abnormal stress views and specific detailed treatment records discussing specific medications and therapy, along with specific responses to same.

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

The patient originally had a fall from a height, resulting in at least a talar fracture and Synovitis. Despite treatment for those conditions, there has been both persistent ankle pain and positive exam findings. These have included tenderness, a painful gait and + findings on anterior drawer in particular. Reasonable documentation of only a temporary relief from ongoing non-operative treatment has occurred. Applicable clinical guidelines denote that arthroscopic surgery is appropriate “for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability.” In addition, the proposed lateral ankle reconstruction (Brostrom) has been considered guideline-reasonable when there is persistent pain and a “Positive anterior drawer.” The persistent pain and positive objective findings support the proposed procedures as being medically necessary at this time.

ODG - Ankle & Foot Arthroscopy:

Recommended. An arthroscope is a tool like a 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.

Surgery for Ankle Sprains

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). (Litt, 1992) AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS
4. Imaging Clinical Findings; Positive stress x-rays (performed by a physician) 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) (1-lintermanu, 2003)

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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**