

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Peroneus Brevis Tendon Debridement/Repair right ankle; Brostrom Lateral Ligament Reconstruction right ankle

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries to her ankle as a result of twisting injury when her foot was caught between two pallets on xx/xx/xx. The record includes MRI of right ankle dated 01/18/11 which shows a fairly extensive split type tear of the peroneus brevis tendon poorly defined somewhat thickened anterior talofibular ligament with heterogeneous increased signal suggesting a chronic strain. There are two small susceptibility artifact densities, one lateral to proximal 5th metatarsal and the other at the lateral fibular tip with no other significant acute internal derangement. MRI of the foot performed on this same date showed multiple toe 2nd-5th deformities, arthritic degenerative changes of tarsal joints and tarsometatarsal joints; small subchondral cystic focus on proximal 3rd metatarsal with no acute myotendinous injury. Radiographs of the right ankle dated 12/01/10 show a 4 mm radiopaque density seen in the soft tissue laterally.

On 02/02/11 the claimant was seen by Dr.. Dr. notes the history above. The claimant's past medical history is pertinent for hypertension and diabetes. The past surgical history includes rotator cuff repair. On physical examination she is reported to be well developed and well nourished. She weighs 185 lbs. She is exquisitely tender at base of the 5th metatarsal as well as over the peroneus brevis tendon. This is exacerbated by resisted foot eversion. Dr. indicated this would heal without surgery and she was placed into cast with non-weightbearing. She was started on Mobic and pain medications. She was released to return to work on sedentary level work only.

On 03/02/11 the claimant was seen in follow-up. She has been in a short leg cast, non-weightbearing for past month. The cast was removed. She had mild tenderness over the base of the 5th metatarsal at insertion of peroneal brevis tendon. This is decreased from previously. She subsequently was transitioned into a walking boot and was allowed to return to work on modified duty and was initiated on physical therapy.

The injured employee was seen in follow up on 03/30/11. She's reported to have persistent pain x months out from her injury. She was initially in a cast and is now in a boot. She's been back at work nine hours a day. She reports she has swelling and pain by end of the day. She's tender over the anterior talofibular ligament s well as the peroneal tendon. She's reported to have a trace positive drawer. The injured employee wants to hold off on any surgical correction and continue to try and treat this conservatively. She's allowed to return to work in her boot. She was continued on ibuprofen.

The injured employee was seen in follow up on 04/27/11. She is reported to have failed conservative care consisting of casting, booting, therapy and anti-inflammatories. She's reported to be back at work but has a lot of swelling and continued pain. She's tender over the peroneus brevis tendon from its insertion to the posterior to the lateral malleolus. She's reported to have tenderness over the anterior talofibular ligament and calcaneal fibular ligaments with positive anterior drawer test. The injured employee is interested in proceeding with surgical intervention.

On 05/10/11 the request was reviewed by Dr. who non-certifies the request he notes that the documentation submitted for review elaborates that the injured employee complains of ongoing right ankle pain with an associated tendon tear. He notes that current evidence based guidelines only support a tendon repair and ankle reconstruction provided the injured employee meets specific criteria. He notes that the imaging studies do not reveal any conclusive evidence of significant motion in the subtalar joint and there's no indication on imaging studies that there is any significant motion of the subtalar joint. He further notes that there is no indication on imaging studies of any significant opening of the lateral ankle consistent with ligamentous disruption. He reports that the clinical evidence or the clinical documentation does not meet current evidence based guidelines for the requested lateral ligament reconstruction and therefore non-certified the request.

A subsequent appeal request was reviewed by Dr. on 05/31/11. Dr. notes that she presents with right foot and ankle swelling and pain. She's noted to have tenderness over the peroneus brevis extending from its insertion to the posterior and to the lateral malleolus. She's noted to have tenderness over the anterior talofibular and calcaneal ligaments and a positive anterior drawer test. He notes that objective documentation that the injured employee has received and failed to improve with conservative therapy is not noted in the records submitted. He notes that current evidence based guidelines require at least a 15 degree lateral opening of the ankle or demonstrable subtalar movement and negative to minimal arthritic joint changes on x-ray. He notes that none of these reports were submitted and therefore the medical necessity is not fully established.

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

The request for peroneus brevis tendon debridement repair of right ankle; Brostrum lateral ligament reconstruction of right ankle is not supported by the submitted clinical information and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained an injury to her right ankle as result of work related activity. Imaging studies indicate evidence of a split type tear of peroneus brevis tendon with

some thickening of the anterior talofibular ligament. Radiographs do not show any significant instability, and there is no documentation of opening and lateral stress. The claimant has undergone conservative treatment consisting of oral medications, casting in cast boot, with apparent modified activity. The claimant's subjective complaints appear to be activity related and at end of work day. The records do not suggest that her pain is constant. Given the lack of documented instability and supporting documentation establishing the failure of physical therapy, medical necessity for the request was not established and previous utilization review determinations were upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES