SENT VIA EMAIL OR FAX ON
May/19/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Ankle Arthroscopy with Debridement Right Posterior Tibial Tendon Tenosynovectomy, Tarsal Tunnel Release, and Tibial Nerve Release

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified orthopedic surgery

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

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Office notes Dr. 08/30/10 through 04/27/11
2. MRI of the right ankle 02/18/11 and appended report
3. MRI of the right foot 09/10/10
4. Electromyography report 04/21/11
5. Physical therapy initial evaluation 09/24/10
6. X-rays right foot three views 08/03/10
7. Adverse determination 03/08/11 regarding non-authorized medical necessity for right ankle arthroscopy with debridement right posterior tibial tendon tenosynovectomy, tarsal tunnel release and tibial nerve release
8. Adverse determination 03/16/11 regarding non-authorization reconsideration for right ankle arthroscopy with debridement right posterior tibial tendon tenosynovectomy, tarsal tunnel release and tibial nerve release

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a female whose date of injury is xx/xx/xx. The injured employee reported a crush injury to the right foot while moving furniture a table dropped on her foot. MRI of the right ankle reported findings compatible with sequelae from remote grade 1 tear of the calcaneal fibular ligament and anterior talofibular ligament. A ganglion cyst associated with either the lateral root of the inferior extensor retinaculum, the extensor digitorum longus tendon or the lateral margin of the talonavicular joint also was noted. There was no evidence of sinus tarsi synovitis or plantar fasciitis. Tibialis posterior tendon and spring ligament appear intact. There was no osteochondral lesion of the talar dome or tibial plafond, and no marrow contusion or stress fracture. There was minimal tibiotalar joint effusion. MRI of the

right foot revealed ganglion cyst along the dorsal and lateral aspect of the talonavicular joint residing lateral to and not appearing impressed upon the deep peroneal neurovascular bundle. There was minimal degenerative change of the dorsal aspect of the talonavicular joint with mild dorsal intertarsal ligament thickening. There was no marrow contusion or cortical fracture. TMT joint alignment and Liz Franks ligament appear normal. There was mild first MTP joint effusion of non-specific appearance. Electrodiagnostic testing performed 04/21/11 was reported as a normal study.

A request for right ankle arthroscopy with debridement right posterior tibial tendon tenosynovectomy, tarsal tunnel release and tibial nerve release was reviewed on 03/08/11 and determined non-authorized as medically necessary. The review noted the injured employee has ongoing complaints of pain despite lower levels of care consisting of fracture boot, casting, anti-inflammatories, injection into the right foot (unspecified location) and physical therapy. The degree of improvement with conservative care has not been measured. Physical examination findings from 03/02/11 were significant for tenderness to palpation over the posterior tibial tendon, decreased sensation in the region of the tibial nerve, pain and weakness with inversion and eversion noted moreso with inversion, normal motion with plantar flexion and dorsiflexion. MRI of the right ankle 02/18/11 was significant for dorsal ganglion cyst overlying the talonavicular joint, no marrow contusions or stress fracture noted. MRI of the foot has been obtained but not provided for review, but was reported to show ganglion cyst laterally, tendons intact. After speaking with the requesting provider, the reviewer requested electrodiagnostic studies but none were received. MRI of the ankle was received and impression was a ganglion cyst on the talonavicular joint. There was no mention of intraarticular joint pathology, no other significant abnormalities noted. There was no documentation of tarsal tunnel syndrome or tibial nerve entrapment and therefore the procedure requested should not be certified as not meeting Official Disability Guidelines criteria.

A reconsideration/appeal request for right ankle arthroscopy with debridement right posterior tibial tendon tenosynovectomy, tarsal tunnel release and tibial nerve release was reviewed on 03/16/11 and determined as not medically necessary. Rationale noted the injured employee has a ganglion cyst, which does not impact the neurovascular structures of the hindfoot. There was no report of any electrodiagnostic study completion to confirm the presence of a tarsal tunnel syndrome. The need for the extent of surgery for foot contusion caused by work incident is not confirmed by these records.

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

The clinical data provided does not support a determination of medical necessity for the proposed right ankle arthroscopy with debridement right posterior tibial tendon tenosynovectomy, tarsal tunnel release and tibial nerve release. The records indicate the injured employee sustained a crush injury while moving furniture and a table dropped on her foot. Imaging studies revealed evidence of ganglion cyst, but there was no evidence of intraarticular pathology. There were no findings of tarsal tunnel syndrome. Electrodiagnostic testing performed on 04/21/11 was reported as a normal study. Given the lack of objective findings on diagnostic/imaging studies, surgical intervention is not indicated as medically necessary.

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