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Notice of Independent Review Decision

DATE OF REVIEW: 10/26/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right ankle anterolateral decompression and Brostrom repair - Overturned

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 Foot and Ankle Surgery

REVIEW OUTCOME

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

☐ Upheld (Agree)

X 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.

Right ankle anterolateral decompression and Brostrom repair - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the right ankle dated 04/06/11 and interpreted by, M.D.
Daily physical therapy progress notes from P.T. dated 04/25/11, 05/05/11, 05/10/11, and 06/06/11
A physical therapy reevaluation from Mr. dated 05/09/11
Evaluations with M.D. dated 06/08/11, 07/27/11, 08/18/11, 09/15/11, and 09/29/11
Evaluations with M.D. dated 07/14/11, 08/19/11, and 10/06/11
A preauthorization request form from Dr. with a received date of 08/09/11
An adverse determination letter from M.D. from IMO dated 08/12/11
A reconsideration preauthorization form from Dr. with a received date of 08/23/11
Another adverse determination letter from M.D. at IMO with a response date of 08/30/11 and an amended date of 08/31/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the right ankle on 04/06/11 revealed evidence of remodeling of the anterior talofibular ligament from a prior sprain and mild plantar fasciitis. The patient attended therapy with Mr. on 04/25/11, 05/05/11, 05/09/11, 05/10/11, and 06/06/11. On 06/08/11, Dr. kept the patient off of work and referred him to Dr. k "for evaluation and recommendations of treatment both of the surgical or non-surgical type nature." Dr. stated on 07/27/11 that patient failed conservative treatment and he had obtained several opinions that all agreed surgical intervention would be indicated. The patient was referred to Dr. for surgical intervention of the ankle joint with a presumed Brostrom repair along with the lateral aspect of the ankle joint. On 08/12/11, Dr. provided an adverse determination for the requested right ankle anterolateral decompression and Brostrom repair. On 08/18/11, Dr. noted there was no osteochondral lesion noted on the radiographs that day. It was noted he was unable to return to regular work due to his symptomology in his ankle. He again recommended surgery. On 08/31/11, Dr. provided an amended adverse determination letter for the right ankle anterolateral decompression and Brostrom repair. On 09/15/11, Dr. noted the patient had returned to regular work, but still had popping, pain, and tenderness in the ankle joint. The denial of the surgery was noted. The patient stated he felt like he could carry out his work activities and he did not feel like he was at increased risk for injury. He had pain, tenderness, and popping, but he

had not had any buckling, locking, or giving way. It was noted the patient wanted to proceed with the surgery, but it was denied, so he elected to stay at regular duty and asked to have his case closed and be placed at Maximum Medical Improvement (MMI). On 09/29/11, Dr. stated the patient was seen by Dr. for an impairment rating, but stress views of the ankle revealed nine to ten degrees of talar tilt, which Dr. documented that day with repeat x-rays. He continued with pain, but also now had mechanical symptoms of giving way and buckling. Dr. referred the patient back to Dr. for surgical reconsideration due to the ankle instability and talar tilt. Dr. evaluated the patient on 10/06/11. It was noted

stress x-rays of the ankle failed to open up 15 degrees, very likely secondary to peroneal spasms. Dr. denial was noted. Upon examination, there was tenderness over the anterolateral aspect of the ankle with visible swelling and a positive anterior drawer sign. It was noted the patient was so strong, they had not been able to establish positive stress x-rays. Dr. noted they would request the surgery one more time, but he doubted it would work.

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

It is unclear based on the records if the patient does in fact have talar tilt, which is one of the requirements of the Official Disability Guidelines (ODG). Dr. notes on 09/29/11 that Dr. documented a nine to ten degree talar tilt, which he reproduced on his own films. None of these films were provided for my review, however. Then, Dr.states on 10/06/11 that his stress x-rays failed to open up to 15 degrees, likely to peroneal spasms. He is a large man. He is evidently heavily muscled and quite possibly may have some peroneal guarding or peroneal spasm during that clinical procedure. The indications for surgery, according to the, ODG Chapter on the Ankle & Foot, are conservative treatment, which the patient has exhausted, including physical therapy and medications. Furthermore, the ODG subjective findings states there should be instability in the ankle, as well as swelling. At this time following the injury, there should not be at this point or a very low likelihood of continued swelling on his clinical examination. Dr. documented swelling on his 10/06/11 evaluation. The patient should also not be complaining of continued popping, buckling, or giving way, which he state he is. While there is a chart note in his record that states he is back to his work, he continues with pain, tenderness, and instability. The ODG also states the clinical objective findings include a positive anterior drawer sign, also documented by Dr. on 10/06/11. Therefore, the requested right ankle anterolateral decompression and Brostrom repair are reasonable and necessary and the previous adverse determinations should be overturned.

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)