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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW: 4/25/12**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient Right Foot Excision of Fracture Fragment, Secondary Repair of Rupture of the Calcaneofibular Ligament, Removal of Hardware & Application of Posterior Splint under Fluoroscopy. (ICD-9/DSMV 84502)

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

Physician Board Certified in Podiatric Medicine and Surgery.

**DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTHCARE SERVICES IN DISPUTE.**

**REVIEW OUTCOME**

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

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Peer Review, 3/01/12  
Adverse Determination Letter, 4/06/12, 4/01/12  
Clinical Notes, 3/30/12 – 1/18/12  
MRI/Radiology Reports, CT scan of right ankle, 1/19/12  
Additional interpretation of same CT scan, 3/26/12  
ODG

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient presented to office for initial visit xx/xx/xx. Her complaint consisted of a work related inversion injury to the right foot/ankle. No record of a physical examination is present in the visit. The physician reviewed radiographs. The patient had a history of open reduction and screw fixation of an avulsion fracture to the fibula. According to the notations, concern was for recurrent fracture of the avulsion fragment. Initial treatment consisted of joint injection, Unna boot and Cam walker. CT scan was ordered.

The patient returned to physician's office on 1/30/12 for a follow up visit. There is no documented physical examination of the right ankle. Physician notes improvement in symptoms with the current conservative treatment. Physician reviewed the CT scan and

requested further radiological interpretation. Initial reading states there is apparent fracture of the fibula stabilized by internal medullary rod. The remaining bony structures appear to be intact. There does not appear to be large joint effusion or other abnormal fluid collection. The major ankle tendons are fairly well demonstrated and appear to be intact: the Achilles tendon, posterior tibial, peroneal tendon and flexor hallucis. No obvious abnormality of the ankle ligaments noted. Impression: Apparent fracture of the distal fibula with internal fixation. No other specific findings. A second reading on 3/26/12 related a fragment from the distal fibula on the posterior margin that is apparently separated, and is not included in the coverage of the internal fixation device which is, more or less, lateral to this fragment. Radiologist relates there may have been secondary re-fracture through the area although no comparison made to previous studies were performed. Impression: fracture fragment from the distal fibula is noted which does not appear to be stabilized adequately by the orthopedic pin.

Further office notations were made on 3/05/12. There is no mention of a physical examination or response to current treatment. Physician, after reviewing the CT scan, notes patient most definitely has an avulsion of the previous fragment. Physician relates likely healing without surgical intervention is extremely guarded and recommendation for removal of the avulsed fracture fragment, removal of the screw, and secondary repair of the calcaneal fibular ligament was made. Authorization for surgery was attempted. Surgical authorization was denied in letters dated 3/01/12 and 4/06/12 (URA).

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

I agree with the benefit company's decision to deny the requested service.

Opinion: Two previous non-certification letters mention lack of supporting documentation to support the need for surgery. I agree with this conclusion. Not only is there a lack of any physical examination in the chart notes, there is no mention of exhaustive conservative therapy. There is no mention of failed conservative treatment. There is no subjective complaint documented of persistent swelling, pain or instability. There is no documentation of positive stress x-rays to support instability. There is no documentation of a clearly unstable joint. There is no documentation of local painful hardware. According to the medical record, decision for surgery appears to be solely based on the presence of a fracture fragment at the distal fibula. It is unclear if this is a new finding. There is no mention of the size of the fragment. There is no documentation to conclude the radiological findings are clinically significant.

**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)