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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle decompression of peroneal tendons, removal of lateral malleolous, and appeal ligament reconstruction around the peroneal tendon

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Radiographs right ankle 04/18/11
MRI right ankle 08/01/11
Clinical notes 09/21/11-10/17/12
Radiographs right ankle 09/21/11
Designated doctor evaluation 03/13/12
Designated doctor evaluation 12/19/11
Prior review 10/05/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he slipped and fell, injuring the right ankle. Radiographs of the right ankle dated 04/18/11 revealed an almost completely healed lateral malleolar fracture with almost complete fused fusion of the fracture line. The claimant underwent MRI of the right ankle dated 08/01/11 which revealed evidence of tenosynovitis in the flexor digitorum longus without complete rupture. A moderate amount of joint effusion was present. There was an active fracture noted oriented at the distal fibular margin extending into the high portion of the right ankle. A high grade injury of the anterior talofibular ligament was present. There was intermediate grade stretching of the anterior talofibular ligament with attenuation of the fibular tip. An osteochondral injury of the medial aspect of the talar dome was noted measuring 7x3mm. Clinical evaluation on 09/21/11

stated that the claimant was utilizing a fracture boot and continued to report persistent pain and swelling in the right ankle. Physical examination revealed tenderness to palpation of the distal fibular area in the right ankle, as well as tenderness over the lateral malleolus. Crepitation pain within the anterior lateral aspect of the right ankle was noted with slight swelling. The claimant underwent a right ankle injection at this visit. Updated radiograph studies on this date revealed a deformity within the lateral malleolus secondary to an old fracture. Follow up on 10/19/11 stated that the claimant had some temporary relief with injections. Physical examination revealed subjective pain in the peroneal tendon area and the claimant was recommended for peroneal tendon release and lateral ligament reconstruction. The designated doctor evaluation on 03/13/12 stated that the claimant continued to report complaints of right ankle pain at 4/10 on the VAS. The range of motion measurements were restricted on right ankle flexion extension and eversion. There was some maximal effort noted. Strength was intact in the lower extremities and the claimant was able to perform heel and toe walking with no difficulty. The claimant was assigned a maximum medical improvement date of 12/09/11. Follow up on 08/22/12 stated that the claimant has had continued pain in the left ankle or right ankle secondary to callous formation of the lateral malleolus which compressed the peroneal tendons. Physical examination revealed subjective pain over the peroneal tendons with enlargement of the lateral malleolus. The claimant underwent a right ankle injection at the peroneal tendon area at this visit. Follow up on 10/17/12 stated that the claimant had prior physical therapy and continued to report pain over the peroneal tendon area of the right ankle. Physical examination revealed mild restriction and range of motion of dorsiflexion and flexion of the right ankle. Continued tenderness over the peroneal tendons was present. Request for peroneal tendon release with reconstruction with removal of the lateral malleolus and ligament reconstruction was not recommended and was denied by utilization review on 10/05/12. The previous reviewer opined that there was no documentation regarding recent imaging studies or documentation of other attempts at conservative treatment outside of injections. A second denial from was not provided for review.

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

The requested peroneal tendon release with removal of the lateral malleolus and ligament reconstruction around the peroneal tendon is not recommended as medically necessary. The clinical documentation provided for review does not adequately address the concerns noted in the prior denials. There is no documentation of any recent conservative treatment outside of steroid injections. The most recent clinical note from 10/17/12 indicated that the claimant underwent prior physical therapy, however. No dates were provided for review and there were no physical therapy summary reports documenting failure of improvement with conservative treatment. It is unclear what the medication management has been within the recent year and no updated imaging studies of the right ankle were provided for review establishing persistent pathology that would reasonably be addressed with the requested surgical procedures. As the clinical documentation provided for review does not meet guideline recommendations for the requested services, medical necessity would not be established and the prior denials are 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