

# Core 400 LLC

An Independent Review Organization  
7000 N Mopac Expressway, Suite 200  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/23/2011

**IRO CASE #:**

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

Right Foot Sural Nerve Decompression 64726

**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**

Official Disability Guidelines, Ankle and Foot

Request for IRO 12/07/11

Utilization review determinations, 11/04/11, 11/21/11

Peer review 06/10/11

Impairment rating 09/21/11

Clinical records 04/27/11 through 10/26/11

EMG/NCV study 05/20/11

MRI right ankle 05/15/11

Designated doctor evaluation 06/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained an inversion injury to her right ankle while stepping off a curb on xx/xx/xx. The claimant initially sought treatment from who referred the claimant to. The claimant was referred for MRI of the right ankle on 05/15/11. She is noted to have a grade 1 strain to the anterior talofibular and calcaneofibular ligaments without rupture a tibiotalar effusion is present there are mild contusions of the middle and lateral cuneiforms without evidence of fracture. No definite fracture at the base of the fifth metatarsal is noted. There is a post-traumatic synovitis of the extensor digitorum tendon without rupture. Records indicate that the claimant continued to receive conservative management from. She was referred for EMG/NCV on 05/20/11 which notes findings consistent with a moderate right distal mononeuropathy of the lateral sural cutaneous and no evidence of radiculopathy. Records indicate that the claimant was treated with immobilization corticosteroid injections. She has been treated with Mobic BID. X-rays were reported to have revealed a fracture of the fifth metatarsal. She has complaints 5-6cm posterior to the lateral malleolus at the area of the sural nerve entrapment and it was recommended that she undergo surgical nerve decompression of the sural nerve.

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

This claimant sustained ankle sprain. There is no evidence that she sustained trauma to the cutaneous sural nerve. MRI is consistent with ankle sprain. EMG/NCV study notes findings suggestive of moderate right distal mononeuropathy at the lateral sural cutaneous nerve based on the prolonged SNAP latency for right lateral sural cutaneous nerve. There is no correlating evidence to establish entrapment of sural nerve. There is an absence of clear objective findings and correlation of examination, electrodiagnostic studies, and imaging studies. The reviewer finds no medical necessity for Right Foot Sural Nerve Decompression 64726.

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

ACOEM-AMERICA 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)