



---

Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 05/30/12

**IRO CASE #:**

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

Partial excision of the bone of the tibia

**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 and Orthopedic Traumatology

**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 or not medical necessity exists for each of the health care services in dispute.

Partial excision of the bone of the tibia - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

MRIs of the left ankles dated 01/24/08 and 09/18/08, interpreted by M.D.  
Operative report from M.D. dated 06/17/09  
Evaluations with Dr. dated 12/04/09, 02/19/10, 04/07/10, 04/21/10, 06/02/10,  
08/17/10, 08/25/10, 11/03/10, 03/09/11, 06/29/11, and 10/12/11  
Evaluations with M.D. dated 03/07/12 and 04/12/12  
Utilization review determinations from dated 04/25/12 and 05/16/12  
A letter to Dr. from Group dated 05/11/12  
The Official Disability Guidelines (ODG) were not provided by the carrier or the  
URA

### **PATIENT CLINICAL HISTORY**

A left ankle MRI dated 01/24/08 revealed several areas of bone contusions of the talus and the largest was posteromedial talus and the next largest was the medial talus distally. There was a third area of bone marrow edema within the anterolateral talus. There were no discrete cortical disruptions. There was likely an ATF tear and calcaneofibular ligament tear and minimal peroneal tendinopathy. There was diffuse lateral malleolar greater than medial malleolar soft tissue swelling. On 09/18/08, Dr. noted there was no significant ankle abnormality appreciated. Dr. performed arthroscopic debridement on 06/17/09 due to scarring of the ATF and synovitis debris of the anterolateral ankle. Dr. examined the patient on 12/04/09. It was noted a recent re-strain was resolving pretty well. She had negative drawer on exam. Plantar and dorsiflexion were normal and there was no crepitus or effusion in the ankle. She was released to full duty and asked to return as needed. Dr. performed a Lidocaine and Celestone injection into a suspected neuroma site. She had sharp pain and shooting numbness down to the top of her foot and the lateral scar was very tender. On 04/21/10, the patient noted the injection provided almost 24 hours of relief and the neuroma was now as painful as ever. It was noted she would consider exploration and neuroma surgery and she was referred to an orthopedic foot and ankle specialist. Dr. Norwood noted on 06/02/10 was scheduled to see Dr.. On 08/17/10, Dr. examined the patient. She was tender over the ATFL and she had no tenderness medially. There was mild instability with stress and she had a positive neuroma sign over the anterolateral portal. The assessment was a hypertrophic ATFL that was painful and required debridement and reconstruction by open means. On 08/28/10, Dr. noted they were trying to get authorization for the surgery as recommended by Dr.. On 03/09/11, Dr. noted the patient continued with high ankle symptoms and a painful

neuroma. She was no longer working at the nursing home and was ready to proceed with surgery. The patient returned to Dr. on 10/12/11. She had a negative drawer, negative talar tilt, and full range of motion. It was noted a discussion had occurred as to whether she should have lateral ligament reconstruction so far out from her injury. A neuroma excision only was also discussed. Tramadol was refilled. On 03/07/12, Dr. noted the patient had not presented due to a car wreck and some medical problems. The surgical options were discussed and Dr. prescribed Neurontin to treat her neuropathic pain prior to surgery. On 04/12/12, the patient noted the Neurontin did not help her and she even increased the dose, which did not help. Dr. noted he probably would not be able to help her with nerve pain. Norco was refilled and it was felt her ligaments needed to be debrided, as well as some spurs. He noted they would look at the nerves at the time of surgery, as nerve mapping had not worked. On 04/25/12 and 05/16/12, Liberty Mutual provided adverse determinations for the recommended surgical procedure.

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

On 10/12/11, she had a negative drawer and talar tilt, full range of motion, and a strong ankle. Her pain was described as neurogenic at that time, according to Dr. She had good strength and no instability was noted. Dr. evaluated the patient multiple times, detailing his opinions regarding the type of treatment she needed; however, he does not provide a physical examination or document the objective findings. There were no examination findings of instability, decreased strength or range of motion, or findings consistent with peroneal tendon pathology. The patient's complaints of pain are noted. There is also a discrepancy between the operative recommendations between Dr. and Dr.. Dr. believed the patient's pain was neurogenic in nature, which Dr. Dalton felt she needed ligament reconstruction, as well as spur debridement. It is not clear if either of these procedures will provide the patient significant clinical benefit. Additionally, it was noted that Neurontin, even with increasing doses, was not effective in minimizing her pain. Given the long duration of time that this patient has had neuritic-type symptomatology, there is a high likelihood that incomplete pain resolution will occur. Therefore, the requested partial excision of the bone of the tibia is not reasonable or necessary and the previous adverse determinations should be upheld.

**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
- 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)**