

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 03/06/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left ankle repair of anterior talofibular (ATF) ligament.

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

The TMF physician reviewer is a licensed podiatrist with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the outpatient left ankle repair of anterior talofibular (ATF) ligament is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 02/16/12
- Notice of Utilization Review Findings – 01/03/12, 01/17/12
- Notice of Employee's Work-Related Injury/Illness – 09/14/11
- Notice of Disputed Issue(s) and Refusal to Pay Benefits – 01/30/12
- Report of MRI of the left ankle – 12/12/11

- Physical examination/evaluation by– 09/15/11
- Prescription by– 09/15/11 to 12/29 /11
- Physical therapy evaluation – 09/16/11
- Physical therapy progress notes – 09/19/11 to 11/07/11
- Office visit notes by – 09/22/11 to 01/13/12
- Initial Patient Visit by – 12/07/11
- Follow up office notes by – 12/19/11 to 02/01/12
- Office visit notes by – 01/27/12
- Physician orders for surgery by – 12/28/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she was descending a stair case and slipped on a deflated volley ball that was at the bottom of the stairs. This resulted in injury to the ligaments of the left ankle. She has been treated with oral analgesics and physical therapy and there is a request for a surgical procedure in the form of outpatient left ankle repair of ATF ligament.

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

The medical record documentation does not support the proposed procedure and does not indicate that adequate conservative therapy has been exhausted. There is no evidence that orthotics or injections have been tried. There is also a question of the posterior tibial tendinitis involvement which implies mechanical issues. The sinus tarsi can be chronically involved after this type of injury. The MRI does not support a rupture of the ATF ligament although it is thickened which would occur with a grade I or II injury as well. In the reference text by Thomas Chang, DP “Master Techniques in Podiatric Surgery: The Foot and Ankle” (Lippincott, Williams & Wilkins, 2005) page 482, the chapter author Matt Rokett writes “The anterior drawer primarily tests the ATFL and the inversion talar tilt primarily tests the CFL. These tests are positive if the anterior drawer is greater than 10.0mm and the talar tilt is greater than 9 degrees. If stress radiography is used, an examination of the contra-lateral limb should be performed for comparison”. Based upon this information, there is nothing in the documentation as to how severe any of the stress views are. Therefore, it is determined that the procedure is not medically indicated.

**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 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)

Master Techniques in Podiatric Surgery: The Foot and Ankle, by Thomas
Chang, DPM Lippincott, Williams & Wilkins, 2005, Page 482