

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Arthroscopy with Anterior Tibiofibular Ligament Reconstruction and Peroneal Tendon Repair

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

Board Certified Orthopedic Surgeon (Joint)

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
Cover sheet and working documents
UT physicians list
Worker's compensation insurance verification
Office visit notes Dr. dated 09/05/12-10/31/12
MRI of the right ankle without contrast dated 09/11/12
Medicine and Rehabilitation progress reports dated 09/13/12
Surgery orders 10/05/12
Utilization review determination dated 10/12/12
Utilization review determination dated 10/19/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly was injured on xx/xx/xx when he landed on his right

ankle and twisted it. He was able to work the rest of his shift but had pain and swelling throughout the rest of the weekend. He had difficulty walking and limped. Physical examination revealed tenderness over the distal fibula, inferior to the fibula and anterior. There is swelling on the lateral side with some ecchymosis. He had some mild to moderate increase in anterior subluxation. He had small section sign. X-rays of the ankle demonstrated no obvious abnormalities. The claimant was placed in a boot and sent for MRI.

MRI scan was performed on 09/11/12 and revealed a chronic complete tear of the anterior talofibular ligament. There was short length longitudinal split tear of the peroneus longus tendon at the level of and distal to the lateral malleolus with distal reconstitution. The claimant was noted to have tried conservative treatment including functional brace, boot, and physical therapy without significant improvement.

A request for right ankle arthroscopy with anterior tibial fibular reconstruction and peroneal tendon repair was non-authorized and was determined as not medically necessary per adverse determination letter dated 10/12/12. It was noted that the claimant was exiting his vehicle, stepped on to a pair of work boots, and rolled his right ankle and fell to the floor. He was diagnosed with right ankle sprain. MRI of the right ankle on 09/11/12 documented a short length longitudinal split tear of the peroneal brevis tendon at the level of and distal to the lateral malleolus with distal reconstitution. There was a trace amount of fluid noted over the tendon sheath. The remaining medial and anterior tendons of the ankle were intact. The deltoid ligament complex was intact. There was chronic complete tear of the anterior talofibular ligament. The posterior talar fibular and calcaneal fibular ligaments were intact. Diagnosis was chronic tear of the anterior talofibular ligament with short length longitudinal tear of the peroneal longus tendon. Treatment has consisted of a boot as well as physical therapy with a total of 18 visits performed as of 09/12. Physical examination findings on 10/05/12 indicated the ankle demonstrates some level of stability with some anterior subluxation. There was tenderness noted over the subtibial region. The proposed right ankle arthroscopy was not certified, noting that guidelines indicate that lateral ligament or ankle reconstruction surgery is recommended when documentation of conservative treatment failure has been provided and evidence of instability is noted on physical examination and clinical objective diagnostic imaging. Physical examination findings from 10/05/12 have not provided true evidence of instability. Documentation of a positive anterior drawer sign has not been noted. Stress x-rays documenting subtalar joint motion or at least a 15 degree lateral opening at the ankle joint have not been provided for review that would support the evidence of instability requiring ankle reconstruction or ligament reconstructive surgery.

An appeal request for right ankle arthroscopy with anterior tibiofibular reconstruction and peroneal tendon repair was non-authorized per adverse determination letter dated 10/19/12. The previous non-certification was noted. A peer to peer discussion was completed with the requesting provider. No positive stress test was documented. It was noted the request does not meet guideline criteria. The guidelines indicate that lateral ligament or ankle reconstructive surgery is recommended when documentation of conservative treatment failure has been provided and evidence of instability is noted on physical examination and clinical objective diagnostic imaging. Physical examination findings from 10/05/12 did not provide true evidence of instability. Documentation of a positive anterior drawer sign has not been noted. Stress x-rays demonstrating documented subtalar joint motion of at least 15 degrees with lateral opening at the ankle have not been provided for review that would support the evidence of instability requiring ankle reconstruction or ligament reconstruction surgery. Additional medical records provided were reviewed from 10/11/12. There was no documentation of a positive anterior drawer sign on physical examination and no positive stress test performed by a physician identifying the motion at the ankle or subtalar joint. The reconsideration request for right ankle arthroscopy would not be supported as medically necessary.

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

The request for right ankle arthroscopy with anterior tibiofibular reconstruction and peroneal

tendon repair is supported as medically necessary based on the clinical data provided. The claimant is noted to have sustained a twisting injury to the right ankle on xx/xx/xx. He failed to improve with conservative treatment including boot, bracing, and physical therapy. MRI of the right ankle was noted to demonstrate a complete tear of the anterior talofibular ligament and a longitudinal split of the peroneal tendon at the level of and distal to the lateral malleolus. Previous reviews noted that no positive stress test was documented, and there were no radiographic findings indicative of at least 15 degrees of lateral opening at the ankle joint line or demonstration of talar movement. However, as noted per letter dated 10/31/12, examination has consistently shown significant increase in anterior drawer testing compared to the contralateral side. The claimant has persistent pain and swelling about the lateral ankle which is visible compared to the contralateral side as well as palpation to examination. Given the extent of pathology identified on MRI, failure to respond to conservative care, and findings on physical examination, surgical intervention is indicated as medically necessary.

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)