

Medical Assessments, Inc.

4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

Notice of Independent Review Decision

December 9, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Brostrom Ankle Ligament Reconstruction

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08/17/2013: Doctor's report from DC
11/08/2013: UR performed by MD
11/18/2013: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with a xx/xx/xx date of injury when she fell down stairs while at work.

08/17/2013: Doctor's report from DC. The claimant was evaluated on August 17, 2013. After completion of the comprehensive evaluation, she was found to have reached Maximum medical improvement as of January 15, 2013 after the 3rd lumbar sympathetic block with a 0% whole person impairment.

11/08/2013: UR performed by MD. Rational for Denial: The patient is a female who reported an injury regarding her right ankle on xx/xx/xx when she fell down stairs while at work. The clinical note dated 02/13/2013 indicates the patient complaining of right ankle pain. The patient was also noted to have symptoms of RSD (reflex sympathetic dystrophy) which was noted to have shown improvement. The note indicates the patient utilizing Lyrica for ongoing pain relief. The note does indicate the patient having greatly diminished RSD symptoms. However, laxity was noted on anterior drawer testing. The MRI of the right ankle dated 02/19/2013 revealed mild osteoarthritis at the talar navicular joint. Diminished subcutaneous edema was further noted. The clinical note dated 03/01/2013 indicates the patient having undergone RSD injections resulting in dramatic improvement. The pain was noted to be 0/10 at one point. The clinical note dated 10/14/2013 indicates the patient presenting with continued injury at the right ankle. The patient was noted to have dramatic improvement following a sympathetic blockade in addressing the RSD. The patient was noted to have tibial tendinitis and anterior tibial tendon tendinitis as well. The patient was noted to have instability at the ankle along with pain and swelling at the lateral portion. The patient was recommended for a Brostrom ankle ligament reconstruction. The request for a Brostrom ankle ligament reconstruction; 27695 is non-certified. The documentation submitted for review elaborates the patient complaining of right lower extremity pain. The Official Disability Guidelines recommend an ankle ligament reconstruction provided the patient meets specific criteria to include imaging studies confirming the patient's pathology. No information was submitted regarding the patient's stress x-rays confirming motion at the ankle or subtalar joint; a 15 degree lateral opening at the ankle joint; or minimal arthritic findings noted on x-rays. Given this, the request does not meet guideline recommendations.

11/18/2013: UR performed by MD. Rational for Denial: A request for Brostrom Ankle Ligament Reconstruction obtained an adverse determination on 11/18/2013, as stress x-rays did not confirm diagnosis (motion at the ankle or subtalar joint; 15 degree lateral opening at the ankle joint; or minimal arthritic findings noted on x-rays). No additional medical records were provided. 11/14/2013 2:53 p.m. phone conversation with PA, speaking on behalf of Dr. The request for lateral ankle ligament reconstruction was discussed including the prior adverse determination for lack of stress use. She stated that she had performed these yesterday and that the transcription was not available, however, the patient had 12 degrees of lateral tilt. It was questioned what the lateral tilt of the contralateral ankle was, however, it seems that this was done. She stated that

the report would be provided. The fax number and due date was given. No reports were received.

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

The previous adverse determinations are upheld. There are no reports of stress x-rays. There is also the probability of RSD, which would greatly diminish the likelihood of a successful outcome. Therefore, the request cannot be certified at this time. Based on the review of the records provided, the proposed treatment of Bostrom Ligament Reconstruction is not recommended as medically necessary.

Per ODG:

Lateral ligament ankle reconstruction (surgery)	<p>Recommended as indicated below. This RCT concluded that, in terms of recovery of the preinjury activity level, the long-term results of surgical treatment of acute lateral ligament rupture of the ankle correspond with those of functional treatment. Although surgery appeared to decrease the prevalence of reinjury of the lateral ligaments, there may be an increased risk for the subsequent development of osteoarthritis. Surgical treatment comprised suture repair of the injured ligament(s) within the first week after injury, and a below-the-knee plaster cast was worn for six weeks with full weight bearing. Functional treatment consisted of the use of an Aircast ankle brace for three weeks. (Pihlajamäki, 2010) According to a Cochrane review, there is insufficient evidence to support any one surgical intervention over another surgical intervention for chronic ankle instability, but it is likely that there are limitations to the use of dynamic tenodesis. (de Vries, 2011) Functional treatment is preferred over surgical therapy for lateral ankle injury, but surgical treatment can be considered on an individual basis. (Kerkhoffs, 2012) See also Surgery for ankle sprains; & Allograft for ankle reconstruction.</p> <p>ODG Indications for Surgery™ -- Lateral ligament ankle reconstruction: Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:</p> <p>1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS</p> <p>2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS</p> <p>3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).¹ (Litt, 1992)] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS</p> <p>4. Imaging Clinical Findings: Positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.</p> <p>Procedures Not supported: Use of prosthetic ligaments, plastic implants, calcaneus osteotomies. (Washington, 2002) (Schmidt, 2004) (Hintermann, 2003)</p> <p>For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>
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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)**