

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

October 27, 2013

### **IRO CASE #:**

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

Lt Ankle Bostum Repair, PT Evaluation - Outpatient

### **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:**

08/01/2013: Evaluation  
08/01/2013: Surgery orders  
09/20/2013: UR Performed  
09/30/2013: Progress Report  
10/04/2013: UR Performed

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male with a xx/xx/xx date of injury. He complains of stabbing pain and throbbing pain.

08/01/2013: Evaluation. Chief Complaint: Left Ankle. History: States his symptoms began 10-12 months ago. He complained of stabbing pain and throbbing pain. He complained of pain in his hip. Previously had ice treatment for

his Ankle. Left Ankle/Foot Exam: The patient had an increase in talar tilt. The ankle/foot felt same to the touch. Tenderness was present at the Talus. No swelling noted. No ecchymosis noted. There was no crepitus noted. No significant deformity. Anterior drawer testing is negative. Talar tilt testing is was negative. Plantarflexion inversion was not painful at the anterolateral capsule. Medial to lateral translation was not painful. External rotation torque was not painful. Calcaneal cuboid pain with stress was absent. Calcaneal cuboid stress causes no instability. Forced plantarflexion of the involved TMT joint is not painful. EHL stress pain was absent. FHL stress pain was absent. FHL stretch pain was absent. Posterior tibial tendon pain with stress was absent. Posterior tibial tendon pain with stretching was absent. Medial inrolling of the ankle with weight bearing was absent. Abnormal splaying of the involved foot WB was absent. The posterior tibial tendon was palpable. The arch height was symmetrical. Stress testing of the peroneals failed to cause pain. Stress testing of the peroneal tendons indicated stability. There was not a palpable gap in the Achilles' tendon. The calf squeeze test indicated that the Achilles tendon was intact. Normal range of motion at the ankle and functionally normal toe motion. No fresh abrasions, lacerations, dystrophic changes of the skin. No cutaneous hypersensitivity was present. Left Foot X Rays taken in office: 3 views of the foot (AP, Lateral, Oblique). No significant abnormalities. The joint spaces are well maintained. No significant signs of degenerative joint disease were noted. Diagnosis: Left Ankle/Foot: Talar Tilt. Recommended Angle/Foot Surgery: Bostrum repair.

08/01/2013: Surgery orders. Surgical Procedure: Lt Ankle Bostum Repair, PT Evaluation.

09/20/2013: UR Performed. Rationale for Denial: There is absolutely no clinical evidence of instability. It appears the patient was complaining of hip pain. It is unclear if they previously treated with bracing, physical therapy, modified shoe wear, activity modifications, anti-inflammatories. Given the above, without peer review, I cannot recommend the proposed surgery as medically indicated or necessary at this time. As the surgery is not deemed medically necessary, there is no necessity for physical therapy.

09/30/2013: Evaluation. Follow up on left Ankle. Patient reported pain at a level 7 on a pain scale of 1 to 10. Since last visit, the patient's swelling, redness, heat, motion and strength had not changed. Patient had not been going to physical therapy nor doing exercises on his own. Stated his pain had not improved at all since last visit. Stated that his pain stays in one place. Exam: Tenderness was present at the anterior ankle and on the lateral side of the ankle. Swelling was present at the anterior ankle and Talar tilt testing was positive. The patient had increased anterior posterior translation. X Rays taken in office: Order 2 views of the ankle (AP and Lateral). There was two stress views of the ankle which show a talar tilt, and a lateral angulation of the talar tibula joint. Prescription for DME Device: The patient has been wearing a boot for around 3 months. He was not getting better wearing the boot and continued to have pain in the left ankle. Recommendations-surgery: Bostrum repair.

10/04/2013: UR Performed. Rational for Denial: The surgical request previously obtained an adverse determination as there was no clinical evidence of instability and conservative treatment had not been adequately described. The 9/30/13 progress note stated that the patient has utilized a boot for approximately 3 months, however, there is no discussion regarding a course of physical therapy. In fact, it was noted that the patient is not participating in physical therapy and a HEP. ODG recommends lateral ligament ankle reconstruction for patient's demonstrating instability of the lateral ligaments. Although the patient had a positive talar tilt test and lateral angulation of the talar fibula joint on stress x-rays, the degree of lateral opening at the ankle joint or subtalar movement had not been described. There are no comparison views of the contralateral ankle. As conservative treatment has not been adequately described; there is no discussion of an anterior drawer test, and no stress x-rays demonstrating at least 15 degrees lateral opening at the ankle joint or subtalar movement, medical necessity is not established.

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

The previous adverse determinations are upheld. There is no record of ankle X-rays showing a talar tilt of at least 15 degrees or comparison to the other uninvolved side. There is also no documentation of conservative care in the form of physical therapy. The request for Lt Ankle Bostum Repair is denied. As the surgery is denied the request for PT Evaluation following the surgery would also be denied.

**PER ODG:**

**ODG Indications for Surgery<sup>TM</sup> -- Lateral ligament ankle reconstruction:**

**Criteria** for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

**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

**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

**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).<sup>1</sup> ([Litt, 1992](#))] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS

**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.

**Procedures Not supported:** Use of prosthetic ligaments, plastic implants, calcaneus osteotomies. ([Washington, 2002](#)) ([Schmidt, 2004](#)) ([Hintermann, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay \(LOS\)](#).

### ***ODG Physical Therapy Guidelines –***

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

#### **Ankle/foot Sprain (ICD9 845):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

#### **Enthesopathy of ankle and tarsus (ICD9 726.7):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

#### **Achilles bursitis or tendonitis (ICD9 726.71):**

Medical treatment: 9 visits over 5 weeks

#### **Achilles tendon rupture (727.67):**

Post-surgical treatment: 48 visits over 16 weeks

#### **Hallux valgus (ICD9 735.0):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

#### **Hallux varus (ICD9 735.1):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

#### **Hallux rigidus (ICD9 735.2):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

#### **Other hammer toe (ICD9 735.4):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

#### **Plantar Fasciitis (ICD9 728.71):**

6 visits over 4 weeks

#### **Fracture of tibia and fibula (ICD9 823)**

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

#### **Fracture of ankle (ICD9 824):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

#### **Fracture of ankle, Bimalleolar (ICD9 824.4):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (ORIF): 21 visits over 16 weeks

Post-surgical treatment (arthrodesis): 21 visits over 16 weeks

#### **Fracture of ankle, Trimalleolar (ICD9 824.6):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

#### **Metatarsal stress fracture (ICD9 825):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

#### **Calcaneus fracture (ICD9 825.0):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

#### **Fracture of one or more phalanges of foot (ICD9 826):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 weeks

#### **Closed dislocation of ankle (ICD9 837):**

9 visits over 8 weeks

#### **Amputation of toe (ICD9 895):**

Post-replantation surgery: 20 visits over 12 weeks

**Crushing injury of ankle/foot (ICD9 928.2):**

Medical treatment: 12 visits over 12 weeks

**Amputation of foot (ICD9 896):**

Post-replantation surgery: 48 visits over 26 weeks

**Crushing injury of ankle/foot (ICD9 928.2):**

Medical treatment: 12 visits over 12 weeks

**Arthritis (Arthropathy, unspecified) (ICD9 716.9)**

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 weeks

**Contusion of lower limb (ICD9 924)**

6 visits over 3 weeks

**Crushing injury of lower limb (ICD9 928)**

Medical treatment: 12 visits over 12 weeks

**Tarsal tunnel syndrome (ICD9 355.5)**

Medical treatment: 10 visits over 5 weeks

**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)**