MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
1225 North Loop West ● Suite 1055 ● Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: **May 28, 2013**

DATE AMENDED: June 12, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Excision Lateral Left Ankle Ganglion, Bostrom Ligament Reconstruction

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
Office visit by MD	09/19/2012
DWC-73 by MD	09/19/2012
Initial visit by PT	09/26/2012

Office visit by MD	09/26/2012
DWC-73 by MD	09/26/2012
Office visit by DO	10/03/2012
DWC-73 by DO	10/03/2012
Office visit by DO	10/10/2012
DWC-73 by DO	10/10/2012
Case summary report from Workers' Comp Services	10/11/2012
Office visit by PA-C	10/17/2012
DWC-73 by MD	10/17/2012
Physical therapy note by PT	10/17/2012
Physical therapy note by PT	10/24/2012
Physical therapy note by PT	10/26/2012
MRI of the left ankle from Imaging LP	10/22/2012
Progress note by Dr. MD	10/29/2012
DWC-73 by MD	10/29/2012
Physical therapy note by PT	11/01/2012
Physical therapy note by PT	11/02/2012
Physical therapy note by PT	11/07/2012
H&P Evaluation by MD	11/13/2012
DWC-73 by MD	11/13/2012
Progress note by PA-C	12/11/2012
Office visit by DO	12/12/2012
DWC-73 by DO	12/12/2012
Office visit by DO	12/14/2012
DWC-73 by DO	12/14/2012
Office visit by DO	03/26/2013
DWC-73 by DO	03/26/2013
A notice of denial of compensability/liability and refusal to pay benefits from Inc.	10/12/2012
A reconsideration letter regarding denial of requested service from Worker's Comp Services	04/29/2013
A request for an IRO for denied services of "Excision Lateral Left Ankle Ganglion, Bostrom Ligament Reconstruction"	05/13/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who slipped and fell at work on xx/xx/xx and sustained injury to her left ankle. She immediately noticed some swelling on her left ankle which has since subsided

but her pain got worse. She was initially seen by Dr. who gave her some pain medications, ankle brace, referred her for physical therapy, and released on modified duty. She then followed up by Dr. on 09/26/2012 and reported her symptoms are unchanged. She was then seen by Dr. on 10/16/2012 at which time her symptoms got worsen. She then had MRI of the left ankle on 10/22/2012 that showed evidence of ganglion in distal fibula. She then was treated with physical therapy at without much improvement. Subsequently, she was seen on 11/13/2012 by orthopedic, Dr., who recommended excision of ganglion cyst and Brostrom lateral ligament reconstruction. On followup with Dr. on 03/26/2013, she reported worsening cyst and constant pain symptoms. Subsequently, she continued to have pain in her left ankle with increased discomfort on weightbearing activities. On 04/02/2013, she followed up by Dr. and requested approval for the previously recommended excision of ganglion cyst and Brostrom lateral ligament reconstruction.

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

The patient sustained an ankle inversion injury about 10 months ago after slipping on a wet surface. She was initially treated with a reasonable course of conservative treatments including pain medications, ankle brace, and referral to physical therapy. After a course of physical therapy, the patient had persistent complaints of instability and swelling over her anterolateral ankle.

Dr. initially saw this patient on 11/18/2012 at which point surgery was offered to include ganglion cyst excision and PARTIAL takedown of the ATFL to ensure complete excision of the cyst. The surgeon stated that this partial ligament takedown may necessitate Brostrom reconstruction. On followup exam by Dr. 04/02/2013, physical exam findings revealed a palpable cyst that had grown in size, tenderness both over the cyst and the ATFL, 1+ anterior drawer and talar tilt, as well as a positive Tinel's sign over the mass with radiation into the superficial peroneal distribution. There was no improvement in the exam compared with the 11/18/2012 visit, and the patient did not appear to be experiencing nerve symptoms at that initial visit based on available documentation.

The patient has been offered the surgical procedure above to address this recurrent instability and pain. In applying ODG guidelines for ganglion cyst excision, I think it is very clear that this is a painful cyst compressing the superficial peroneal nerve resulting in sensory paresthesias distally over the dorsum of the foot as evidenced by a positive Tinel's test. She meets ODG criteria for ganglion cyst excision. It is evident to me that the surgeon believes that this instability may be a result of the mass effect of the underlying ganglion and that complete excision with a limited subsequent reconstruction would likely relieve symptoms and pain.

As such, I do not think that rigid application of the ODG guidelines for lateral ankle ligament reconstruction is warranted in her case as this partial reconstruction is really a secondary part of the procedure. She has clearly met ODG guidelines for cyst excision and instability guidelines 1-3 for conservative care, subjective, and objective clinical findings for chronic instability. In evaluating guideline 4, the treating surgeon did not use stress radiographs. However, there have been a number of studies refuting the usefulness of stress radiographs in diagnosing lateral ankle instability (Frost et al, Clin J Sports Med, 1999 Jan;9(1):40-5) (Chandnani, Radiology.1994 Jul;192(1):189-94.), and consequently, a majority of practicing surgeons do not use them routinely as part of their diagnostic workup for this problem. Guideline 4 does not mention MRI evidence which both previous reviewers cited as evidence for denial. The patient did not have osteoarthritic changes.

In summary, I think that attempting to rigidly apply the 4th guideline in her case as a means of denying this procedure would be incorrect as the cyst and the instability are NOT mutually exclusive problems, stress radiographs are not a routinely used workup modality for most practicing orthopaedic surgeons, and MRI evidence is not a requirement. I would tend to disagree with the previous reviews and find this procedure medically necessary.

ODG Indications for Surgery -- 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).1 (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, calcaneous osteotomies.
(Washington, 2002) (Schmidt, 2004) (Hintermann, 2003)
For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

ODG Criteria for Ganglion Cyst Removal:
Recommended if the ganglion cyst is painful, the ganglion cyst is pushing directly on a nerve and can cause nerve damage, or the ganglion cyst is large enough that it makes it difficult to wear shoes. In the case of ganglion cysts originating from the tendon sheath, careful attention should be paid to locate satellite masses to avoid recurrence. (Ahn, 2010)

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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

X 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)

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

(Frost et al, Clin J Sports Med, 1999 Jan;9(1):40-5) (Chandnani, Radiology.1994 Jul;192(1):189-94.)