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**Notice of Independent Review Decision**

DATE OF REVIEW: 11/10/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE  
O.P., Right Ankle Hardware Removal CPT: 20680

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

Physician Board Certified in Orthopaedic Surgery

REVIEW OUTCOME

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

Upheld (Agree)

**Overtuned (Disagree)**

Partially Overtuned (Agree in part/Disagree in part)

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

Mr. is a male who sustained a right ankle work injury in xx/xxxx. It was described by his treating physician, as a 'twisting' injury. The patient was found to have an unstable and displaced medial malleolus fracture, proximal fibula fracture and suspected distal tibia fibula syndesmosis disruption. The patient underwent imaging studies of the right ankle on 5/03/14 showing a medial malleolar avulsion fracture with no mention of syndesmosis or proximal fibula fracture. Further views of the right ankle performed 5/03/14 showed avulsion fracture of the medial malleolus. CT scan of the right ankle w/o contrast performed 5/03/14 showed distal tibia fracture of the medial malleolus and posterior tibial fracture.

Medial malleolar fracture showed slight displacement and a subtle nondisplaced fracture of the posterior tibia. Examination on 5/12/14 showed him to have tenderness of the medial malleolus, no tenderness laterally over the distal fibula, and tenderness over the proximal fibular shaft. He had swelling, restricted range of motion, and was neurovascularly intact. also reported four view x-rays of the foot showing the medial malleolus fracture but no injury to the foot itself. A repeat, tib/fib x-rays in the office, same date, showed a proximal fibula fracture. His impression was an unstable

PATIENT CLINICAL HISTORY SUMMARY (continuation)

right ankle with medial malleolus fracture, distal tibia fibula, syndesmosis disruption and proximal fibula fracture. He recommended open reduction and internal fixation of the right ankle medial malleolus and distal tibial fibula syndesmosis be performed.

The patient was taken to the operating room on 5/20/14 and underwent open reduction internal fixation of the right ankle medial malleolus and open reduction internal fixation on the right distal tibia fibula syndesmosis with a single 4.0 screw.

According to notes, the patient's post-operative course was unremarkable. He was started on physical therapy. He had no evidence of infection or complications related to the surgical procedure. He was treated in a post-operative boot and protective weight bearing.

recommended removal of the syndesmotic screw at 12 to 13 weeks. His rationale was that the screw would likely break, or become loose with weight bearing and could cause skin erosion or skin problems. Patient saw again on 10/23/14 and was found to be at maximum medical improvement. It was also noted that removal of the syndesmotic screw was denied for being medically unnecessary. Patient did have decreased right ankle dorsiflexion measured at zero degrees, right ankle plantar flexion, inversion and eversion. He received a 3% whole person impairment rating.

Post-operative x-rays show complete healing of the medial malleolus fracture, acceptable placement of the hardware and a well aligned distal tibial fibula syndesmosis. Proximal views of the tibia and fibula showed healed proximal fibula fracture. Patient was released to modified duty work due to restrictions with ankle range of motion. Patient was recommended to return on an 'as needed' basis.

Patient's files were reviewed by Orthopedic Surgeon, on 9/09/14. felt removal of the syndesmotic screw was not necessary. note stated that the patient was doing well based on clinical notes. did notice restricted range of motion of the ankle. stated that per Official Disability Guidelines (ODG), removal of hardware used for fracture fixation is not recommended for routine purposes unless the patient has broken hardware or persistent pain when no other causes of pain are noted.

Patient's file was reviewed on 10/09/14 by Orthopedic Surgeon. determined that the removal of the syndesmotic screw did not meet medical necessity guidelines. His criteria used was the Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2014, Ankle and Foot Chapter.

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

**Opinion: I disagree with the benefit company's decision to deny the requested service(s).**

**Rationale:** This is based on my review of the literature concerning removal of distal tibia fibula syndesmotic screws. I reference an article in *"Archives of Orthopaedic Trauma Surgery"*, July, 2011, by T. Schepers. The author agrees that there is a lack of randomized control trials for absolute need for removal of the syndesmotic screw. The author states that the current literature suggests that it is reserved for intact screws that cause hardware irritation or reduced range of motion after 4 to 6 months. The patient has documented loss of ankle range of motion and dorsiflexion.

A second article by A. Manjoo published in *"Journal Orthopaedic Trauma"*, 2010, January, concludes that an intact syndesmotic screw was associated with a worse functional outcome compared with loose, fractured or removed screws. Author states that syndesmotic screw removal may be indicated in patients with intact syndesmotic screws.

A third article published in current review of *"Musculoskeletal Medicine"*, December, 2013, by Angelo del Bueno, states that osteolysis, or breakage, are likely to occur as normal motion and function of the ankle are restored.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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 DESCRIPTION) X**  
**Provide description**

. *“Archives of Orthopaedic Trauma Surgery”, July, 2011, by T. Schepers*

. *“Journal Orthopaedic Trauma”, 2010, January by A. Manjoo*

. *“Musculoskeletal Medicine”, December, 2013, by Angelo del Bueno*

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
Provide description