

# Health Decisions, Inc.

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## Notice of Independent Review Decision

August 18, 2014

### **IRO CASE #:**

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

Left Ankle Open Debridement

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

An American Board Certified Orthopedic 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.

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

The claimant is a male that was injured at work on xx/xx/xx. His left ankle was crushed by a machine. Conservative treatments used have been a cast boot, orthotic, left ankle steroid injections and pain medication without sustained relief.

04-16-13: Office Visit Report. The claimant presents with left ankle crush injury that has significant increase in discomfort. Upon examination, there is significant stiffness of ankle motion and pain with attempts at passive dorsiflexion. The claimant cannot dorsiflex above neutral. There is anterior joint line tenderness. Imaging: Radiographs show a mild tibia of/fibula malunion with excellent healing. There is significant and advanced osteoarthritis with significant and complete loss of articular height mild anterior talar subluxation and significant anterior talar osteophytois. Assessment: Left ankle osteoarthritis, posttraumatic. Plan: Ground reactive ankle-foot orthosis and initially cast boot.

04-16-13: X-ray of Left Ankle. Findings: There is marked deformity of the distal fibula and tibia compatible with previous/remote fractures. There is partial fusion as well. There is asymmetry at the ankle mortise with some subluxation. Vascular calcifications are present. No other acute findings are demonstrated.

09-16-13: Office Visit Report. The claimant presents with intense and progressive ankle pain that was not relieved with orthotic. Upon examination, the claimant has tenderness at joint line, pain with passive motion. He has stiffness with motion with passive are 10-15 degrees. Imaging: Advanced arthritis at joint with complete loss articular height and osteophytes. Also old tibial fracture malunion with recurvatum. Assessment: Left ankle post-traumatic arthritis, Tibial fracture malunion. Plan: Synvisc injection.

09-16-13: X-ray of Left Ankle. Findings: There is deformity of the distal fibula and tibia as noted on the previous study. Degenerative changes are present at the visualized ankle. Overall, the exam is felt to be unchanged.

11-11-13: Office Visit Report. The claimant presents with consistent ankle pain since work related injury. He has failed conservative treatments including steroid injections. The claimant reports his main pain is with dorsiflexion and limitation of ankle ROM. Pain is controlled by medication. The claimant has tenderness about the anterior aspect of his ankle. He has dorsiflexion to neutral and pain at this point. Imaging: There is ankle arthrosis noted with mild varus alignment of the ankle within the mortise. Significantly there is dorsal spurring of the talus and significant spurring of the distal tibia. Also significantly there is a recurvatum deformity of the tibia at the level of the patient's previous fracture of the junction of the middle and distal third. There is also synostosis between the tibia and fibula at this point. Plan: Recommend ankle joint debridement procedure.

11-20-13: URA. Rationale: Applicable clinical practice guidelines do not recommend surgery for ankle arthritis except for fusion or ankle replacement or excision of impinging osteophytes and do not recommend surgical treatment for bony fragmentation and fracture and dislocation and progressive foot deformity associated with Charcot arthropathy. This individual has diabetes although no definite diagnosis of Charcot arthropathy but there is no report of electro-diagnostic testing, and a history of at least 2 injuries to his left ankle region including a fracture of the tibia-fibula that healed with a malunion and a subsequent undescribed crush injury at work and he was found to have advanced arthritis with loss of all ankle height and subluxation, and the physician treated him with viscosupplementation injections and orthotics and has considered total ankle arthroplasty which was not approved, and has considered ankle fusion; the medical necessity for open debridement of the ankle is not clearly and convincingly demonstrated by the available information, after discussion with the treating clinician by phone.

01-02-14: URA. Rationale: This is a diabetic claimant who reportedly injured xx/xxxx when his ankle was crushed. X-rays of the left ankle dated 04/16/13

showed marked deformity of the distal fibula and tibia compatible with previous/remote fractures. There was a partial fusion as well. There was asymmetry of the ankle mortise with some subluxation. Review of radiographs showed a mild tibia. Fibula malunion with excellent healing. There was significant and advanced osteoarthritis with significant and complete loss of articular height mild anterior talar subluxation and significant anterior talar osteophytes. A left ankle x-ray performed on 09/16/13 showed overall exam unchanged. There was a deformity of the distal fibula and tibia noted on the previous study along with degenerative changes present. A review of x-rays to include weight bearing showed advanced arthritis at joint with complete loss of articular height and osteophytes. The requested open left ankle debridement cannot be recommended as medically necessary and would not seem reasonable in this setting. The claimant is noted to have marked deformity with a partial fusion of the joint and subluxation. The claimant has advanced osteoarthritis with complete loss of the joint space associated with anterior talar subluxation. Given the severity of the findings noted, the claimant may be a candidate for ankle fusion surgery or total ankle replacement but a debridement as requested would not be expected to be successful.

04-29-14: Office Visit Report. The claimant continues with pain in the joint line of this left ankle. He states that his joint injections have had diminishing efficacy. He rates his pain 8/10. Evaluation of his ankle shows tenderness at the joint line. There is minimal passive dorsiflexion and pain is elicited with passive maximal dorsiflexion at the joint line. He can achieve neutral position of his ankle. Imaging: Shows progression of distal spurring of the anterior tibia. There is also significant spurring of the dorsal talus. Assessment: 1. Left ankle significant bony impingement s/p work-related crush injury. 2. Left ankle arthritis, mild to moderate. 3. Left tibia/fibula malunion s/p remote fractures. Plan: Recommend open ankle joint debridement.

04-29-14: X-ray of Left Ankle. Impression: 1. Healed fractures of the distal left tibia and fibula. 2. Asymmetry of the mortise joint with bone-to-bone contact seen medially as described above. 3. Otherwise normal left ankle.

07-15-14: Peer Clinical Review Report. Rationale: Requirement for open debridement is not indicated d/t the advanced degenerative changes.

07-23-14: URA. Telephone conversation indicated that the patient has an old malunion of a tibial fracture that occurred and is subsequently developed degenerative arthritis of the ankle. He had an injury to the ankle which he describes as a crush injury and since then has had impingement pain with dorsiflexion of the ankle. On examination he has 0 degrees of dorsiflexion at that point he impinges on a large shelf of bone projecting from the anterior distal tibia. He states that treatment with ankle fusion or arthroplasty could not be considered because of the ankle malalignment secondary to the old distal tibia-fibula malunion-correction of the malunion with osteotomies would be necessary first. Rationale: The patient is described as having ankle pain that is thought to be at least partially d/t anterior ankle impingement in dorsiflexion. The provider

describes anterior pain with forced anterior dorsiflexion of the ankle however the patient's ankle pain appears to be occurring also with weight bearing without dorsiflexion as he required crutches to diminish weight on the ankle. Literature does describe ankle impingement symptoms d/t an anterior distal tibial spur and describes surgical treatment if conservative care is ineffective. In this case, it has not been definitely proven that the majority of the patient's ankle symptoms are secondary to impingement rather than the obvious ankle joint degenerative changes noted on x-ray that are secondary to the old distal tibia fibular fracture. A selective anesthetic injection along the distal anterior tibia should be performed and the patient allowed to weight-bear immediately in an attempt to judge percent of ankle pain relief by removing symptoms from the impingement. If pain relief is significant and weight bearing is significantly more comfortable without the need for crutches then removal of the anterior tibial spur could be effective and could allow return to more normal activities without the need for consideration of ankle fusion. If the injection is ineffective, surgery would also most likely be ineffective.

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

The previous decision is upheld. Unless it can be ascertained that the symptoms are from impingement anteriorly it is unlikely that an open ankle debridement would be beneficial. Therefore, the request for Left Ankle Open Debridement is non-certified.

Per ODG:

ODG does not address open ankle debridement.

**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)**