CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: May 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Ankle Arthroscopy with Debridement, Repair Flexor Halluces Longus Tendon, and Open Talocalcaneal Relocation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 40 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:

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured on xx/xx/xx when she slipped and fell onto her right knee and leg.

On November 5, 2013, the claimant presented for follow-up. No medications were reported. On physical examination, there was continued tenderness and edema on palpation of the medial aspect of the ankle and arch and posterior tibial tendon with weakness noted on active plantarflexion with inversion. Ankle joint dorsiflexion was less than 10 degrees bilaterally and gait was antalgic. It was reported that MRI revealed FHL tear with degenerative changes in the subtalar and ankle joints. Diagnosis: 1. Rupture of tendon of foot and ankle, 2. Tibialis tendinitis, 3. Walking disability, 4. Localized, primary osteoarthritis of the ankle

and/or foot. Plan: Due to the failure of conservative treatment to adequately eliminate the patient's current symptoms, I have recommended surgical intervention to address the underlying cause.

On December 3, 2013, the claimant presented with no improvement seen and continued to be severely restricted in her ambulation. She also continued to use camwalker when ambulating. It was noted surgery was denied by Worker's Comp. No medications noted.

On January 27, 2014, MRI of the Right Ankle, Impression: 1. Edema involving the inferomedial portion of the subchondral portion of the talus as well as fluid surrounding fragmented os trigonum and edema within the sinus tarsi. The combination of findings is highly suspicious for sinus tarsi syndrome. 2. Mild plantar fasciitis. 3. A 2.5 x 1.1 cm cystic structure replacing the anterior half of the distal portion of the flexor digitorum longus muscle suspicious for an intramuscular ganglion. Tenosynovitis remains a less likely possibility. 4. Severe arthritic changes of the posterior sub-talar joint.

On January 27, 2014, MRI of the Right Foot, Impression: No acute findings of the right foot. Tenosynovitis of flexor hallucis longus tendon.

On February 11, 2014, the claimant presented with reported worse pain since last visit with no improvement. She continued to be severely restricted in her ambulation. She was now experiencing pain posteriorly to the dorsal portion of the heel in the area of the posterior malleolus. New medications were listed as: Methylprednisolone 4 mg tablets in a dose pack (prescribed 1/21/14) and Tramadol 50 mg (sample given 1/8/14). On physical examination there continued to be severe tenderness and edema on palpation of the medial aspect of the ankle and arch and along the posterior tibial tendon and FHL distal to the malleolus with weakness noted on active plantarflexion with inversion. Tenderness also noted laterally along the peroneal tendons and on active and passive ROM of the ankle joint, particularly to the medial aspect of the ankle. Ankle joint dorsiflexion is less than 10 degrees bilaterally and gait is antalgic. Plan: Continue to recommend surgical repair. Given the nature and severity of her symptoms as well as with confirmation of osteochondral lesion of the medial talar dome on MRI, recommended an ankle arthroscopy in addition to the flexor tendon repair to do subchondral drilling of the lesion.

On February 11, 2014, the claimant presented for follow up of plantar fascial fibromatosis and rupture of tendon of foot and ankle. It was indicated that previous PT helped temporarily. The claimant reported her pain was worse since last visit and that she was very frustrated and angry and that she would like to hire an attorney. continued to recommend surgery.

On March 13, 2014, UR. Rationale for Denial: The guidelines require lower levels of conservative care prior to consideration of surgical intervention. The records do not support the claimant has undergone lower levels of conservative care of nonsteroidal anti-inflammatory drugs, ankle bracing, or a cortisone

injection into the ankle. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for right ankle arthroscopy with debridement, repair flexor hallucis longus tendon, and open talocalcaneal relocation is not certified.

On March 18, 2014, the claimant presented where it was reported she was denied her Tramadol refill and was upset because was in pain. It was noted that no previous injections had been tried. On physical exam there was continued severe tenderness and edema on palpation of the medial aspect of the ankle and arch and along the posterior tibial tendon and FHL distal to the malleolus with weakness noted on active plantarflexion with inversion. Tenderness also noted laterally along the peroneal tendons and on active and passive ROM of the ankle joint, particularly to the medial aspect of the ankle. Ankle joint dorsiflexion is less than 10 degrees bilaterally and gait is antalgic.

On April 8, 2014, the claimant presented. Medications were listed as Duexis 800 mg-26.6 mg tablet (sample given 4/8/14), Methylprednisolone 4 mg tablets, and Tramadol 50 mg tablet. Claimant reported discomfort and pain she constantly experiences on her left foot which is radiating into her calf. She continued to use a camwalker.

On April 10, 2014, UR. Rationale for Denial: The previous non-certification on March 13, 2014, was due to lack of documentation of lower levels of care having been completed. The previous non-certification is supported. I discussed the case. MRI report specifically states flexor tendon demonstrates no evidence of any tear. There is no mention in the records regarding a displacement or mal-alignment of the talaocalcaneal joint. Additional records were not provided for review. There was no documentation of lower levels of care other than the claimant having attended physical therapy. No physical therapy notes were provided for review to indicate the outcome of therapy. Treatment does not appear to have included the use of non-steroidal anti-inflammatories, bracing, or corticosteroid injections. The request for reconsideration of a right ankle arthroscopy with debridement, repair flexor hallucis longus tendon, and open talocalcaneal relocation is not certified.

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 MRI report of a torn flexor hallicus tendon, no report of a talo-calcaneus dislocation and no report of a talar dome lesion requiring surgery. Additionally, there was not enough documentation that all lower levels of care had been tried and that they failed prior to the request for surgery. Therefore, the request for Right Ankle Arthroscopy with Debridement, Repair Flexor Halluces Longus Tendon, and Open Talocalcaneal Relocation is not found to be medically necessary.

PER ODG:

Arthroscopy	Recommended. An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. Having started as a mainly diagnostic tool, ankle arthroscopy has become a reliable procedure for the treatment of various ankle problems. (Stufkens, 2009) Ankle arthroscopy provides the surgeon with a minimally invasive treatment option for a wide variety of indications, such as impingement, osteochondral defects, loose bodies, ossicles, synovitis, adhesions, and instability. Posterior ankle pathology can be treated using endoscopic hindfoot portals. It compares favorably to open surgery with regard to less morbidity and a quicker recovery. (de Leeuw, 2009) There exists fair evidence-based literature to support a recommendation for the use of ankle arthroscopy for the treatment of ankle impingement and osteochondral lesions and for ankle arthrodesis. Ankle arthroscopy for ankle instability, septic arthritis, arthrofibrosis, and removal of loose bodies is supported with only poor-quality evidence. Except for arthrodesis, treatment of ankle arthritis, excluding isolated bony impingement, is not effective and therefore this indication is not recommended. Finally, there is insufficient evidence-based literature to support or refute the benefit of arthroscopy for the treatment of synovitis and fractures. (Glazebrook, 2009) See also Diagnostic arthroscopy, or the Surgery listings for detailed information on specific treatments that may be done arthroscopically.

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)**