



Medwork Independent Review

2777 Irving Blvd, Ste 208

Dallas, TX 75207-2309

1-800-426-1551 | 715-552-0746

Fax: 715-552-0748

Independent.Review@medworkiro.com

www.medwork.org



MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 11/24/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ankle arthroscopic surgery with Brostrom procedure and peroneal tendon repair, right ankle.

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

Texas State Licensed MD Board Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient is a XX year-old female who has been noted to have sustained an injury in the 1st week of XX/XXXX. The injury mechanism was while she was walking down a hill and stepped in a hole. The clinical and imaging, including an MRI from September 23, 2015, revealed evidence of a painful ankle including a split tear of the peroneal brevis tendon with some tenosynovitis. Thickening was noted of the anterior talofibular ligament, compatible with a strain. The documentation evidenced persistent ankle pain including dorsiflexion of up to 10 to 15 degrees and normal plantar flexion with strength of 5/5. There was tenderness primarily over the lateral aspect of the ankle. Treatment was noted to have included the utilization of a boot, elevation, and ice.

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

The applicable clinical guidelines including ODG guidelines, ankle chapter for treatment of peroneal tendon rupture and also for ankle ligamentous reconstruction and arthroscopic surgery revealed that reasonable comprehensive non-operative treatments must have been tried and failed. In this case, there does not appear to have been documentation of extensive trial and failure of the course of physical therapy, combined with medications along with additional immobilization. In addition, there does not appear to have been documented clinical objective findings of ankle instability. No radiographic evidence of any stress views showing instability,



Medwork Independent Review

2777 Irving Blvd, Ste 208

Dallas, TX 75207-2309

1-800-426-1551 | 715-552-0746

Fax: 715-552-0748

Independent.Review@medworkiro.com

www.medwork.org



therefore overall the individual does not appear to have met the reasonable guideline criteria for the proposed surgical intervention, as discussed.

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)