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Notice of Independent Review Decision

DATE OF REVIEW: December 31, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repair of right ankle ligament (Brostrom surgery) as outpatient.

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

M.D., Board Certified in Orthopedic Surgery.

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)

I have determined that the requested repair of right ankle ligament (Brostrom surgery) as outpatient is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was diagnosed with a right ankle fracture with pain and swelling. She underwent magnetic resonance imaging (MRI) of the right lower extremity joint on 2/07/14. The MRI report noted an oblique fracture of the distal fibula identified being 2 cm above the level of the ankle mortise with some resorption along the fracture margin suggested, consistent with subacute/healing injury. The anterior talofibular and calcaneofibular ligaments appeared intact with deltoid and spring ligaments intact. The ankle mortise was congruent, the talar dome was smooth, and the Achilles tendon and plantar fascia were unremarkable. The sinus tarsi and contents remained unremarkable with tarsal tunnel and contents also unremarkable. The medial, peroneal, and extensor tendons appeared intact with a Lisfranc joint and ligaments also intact.

On 9/24/14, the medical records noted that the patient was status post right distal fibula fracture nonunion takedown with open reduction and internal fixation using calcaneal autograft performed on 5/12/14. She had been in physical therapy with a main complaint of ankle instability. She had been wearing an ankle brace and was not having any significant pain. Per the medical records, the patient was not taking any pain medication. On examination, she ambulated with a slight antalgic gait, with her incision having healed without signs of infection. There was no significant swelling, although she did have some tenderness at the anterior talofibular and calcaneofibular ligaments. There was laxity to anterior drawer and talar tilt testing with good ankle range of motion with light touch intact and good distal pulses. A request has been submitted for repair of right ankle ligament (Brostrom surgery) as outpatient.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial stated there is no diagnostic study indicating any pathology within the ligament. On appeal, the URA noted that no imaging studies were provided to support a ligament injury or deficiency and a positive stress test. Therefore, the URA noted that the requested services are not medically necessary.

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

Per ODG criteria, the requested services are not medically necessary. The submitted documentation does not support the requested services in this clinical setting. Based upon ODG guidelines, in order to proceed with a lateral ankle reconstruction, there must be documentation on imaging studies of a positive stress test with at least 15 degrees of lateral opening and documentation of a ligament disruption. There is a lack of current clinical documentation provided for review, including any recent imaging studies to verify the patient has at least 15 degrees of lateral opening at the ankle joint or demonstrable subtalar movement and negative minimal arthritic joint changes on x-ray. Thus, the requested repair of right ankle ligament (Brostrom surgery) as outpatient is not medically necessary for the treatment of this patient.

Therefore, I have determined the requested repair of right ankle ligament (Brostrom surgery) as outpatient is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)