AccuReview

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[Date notice sent to all parties]: May 13, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Arthroscopy/Brosrom 27698 29898, Possible Deltoid Ligament Repair 27698

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

This physician is Board Certified in Orthopedic Surgery with over 14 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 female who sustained a work-related twisting injury to the ankle on xx when she tripped over a boarder and heard a pop. The claimant tripped and fell at ground level while working with the school children on the playground. Claimant was seen at the ER and had x-rays done, told there were no fractures and was given crutches, splint and Tylenol with Codeine.

02-05-15: Right Ankle X-Ray. Impression: Mild lateral right ankle soft tissue swelling without evidence of acute fracture or dislocation.

02-05-15: Transcription. CC: injury to right ankle, stated she tripped and hurt her ankle. She stated the pain is throbbing in nature and exacerbated with ankle movement, direct pressure and walking. Relieving factors include elevation and immobilization. PE: Constitutional: in moderate distress. Right Ankle: swelling, tenderness: lateral malleolus and medial malleolus. ROM: painful, limited ROM in all planes. Assessment: right ankle sprain 845.00. Plan: start Cyclobenzaprine

HCL 10mg QHS, Naproxen 500mg Q12hr, Pro-ROM ankle walker, x-ray right ankle, complete, minimum 3 views, and PT referral. Activity Status and Restrictions: F/U 1 week, Return to modified work/activity: occasionally= up to 3 hrs/day, frequently= up to 6hrs/day, constantly= up to 8 hours or greater per day. Must use crutches, weight bearing as tolerated, no squatting, no kneeling, may not walk on uneven terrain, no climbing stairs, no climbing ladders, wear ortho boot, and needs to sit 95% of the time with right leg elevated.

02-12-15: Transcription. CC: right ankle pain. Claimant has attended 2 PT sessions since last visit and stated she has been working transitional duty. PE: Right ankle: tenderness: deltoid ligament. Assessment: right ankle sprain 845.00. Plan: PT referral complete, PT frequency 3x week x2 weeks. Continue previous work and activity restrictions.

02-27-15: Transcription. CC: right ankle pain, stated ankle is more swelling with more frequent walking, not improving with PT with no functional improvement noted after completing 8 sessions. PE: Right ankle: swelling medially, tenderness: deltoid ligament and lateral malleolus. Assessment: right ankle sprain 845.00. Plan: start Etodolac 500mg BID, MRI ankle without contrast. Continue work and activity restrictions.

03-05-15: MRI of the Right Ankle without Contrast. Impression: 1. Near complete acute tear of the right anterior talofibular ligament. Only a few intact sparse fibers remain. High-grade partial tear of the calcaneofibular and deltoid ligaments. 2. Bone contusion of the medial talus without fracture line or any focal osteochondral injury. 3. Moderate to severe amount of subcutaneous edema about the patient's ankle, primarily about the lateral malleolus, all related to the recent trauma.

03-10-15: Transcription. CC: right ankle pain. PE: Right ankle: swelling laterally, tenderness: lateral malleolus ROM: painful limted ROM in all planes. Assessment: right ankle sprain 845.00, tear of talofibular ligament of right lower extremity 845.09. Plan: Start Etodolac 500mg BID, orthopedic specialist referral due to claimant has ankle pain a dn not better with NSAID, and PT, and with MRI findings.

03-17-15: Orthopedic Note. CC: right ankle injury. Claimant has never injured this ankle before. Past surgical history: right knee surgery and ovarian cyst excision. PE: Musculoskeletal: claimant ambulates on her right lower extremity with an antalgic gait using an ankle support. There is tenderness along the lateral aspect of the ankle diffusely. There is swelling in this area. She has good ankle ROM, there is a laxity to anterior drawer and talar tilt testing with pain. Peroneal tendons are stable. Plan: Discussed operative versus non-operative treatment. Recommend to continue with some PT and her ankle support. She will also continue with pain medication and work restrictions. F/U in 4 weeks to check her progress.

03-25-15: UR. Reason for denial: A request is made for right ankle arthroscopy/Brostrom, and possible deltoid ligament repair. X-ray of the right ankle dated 02/05/15 revealed mild lateral right ankle soft tissue swelling without evidence of acute fracture or dislocation. MRI of the right ankle dated 03/05/15 revealed near complete acute tear of the right anterior talofibular ligament and high grade partial tear of the calcaneofibular and deltoid ligament. There is moderate to severe amount of subcutaneous edema about the patient's ankle pain. She is taking Tylenol No. 3, etodolac and naproxen. She has been wearing an ankle brace. On physical examination of the right ankle, there is tenderness to palpation along the lateral aspect of the ankle. There is swelling and good ankle range of motion. There is laxity to anterior drawer's test and talar tilt testing. Although the patient has clinical evidence of right ankle instability, positive stress x-rays identifying motion at ankle or subtalar joint, at least 15 degree lateral opening at the ankle joint or demonstrate subtalar movement were not provided. Moreover, exhaustion and failure of conservative care with Physical Therapy was not documented. As such, the medical necessity of this request has not been sustained. Given the above, the request is non-certified.

04-14-15: Transcription. Claimant has been working on a HEP and wearing an ankle brace. She is taking Tramadol for pain. She stated worsening of pain in the ankle. She also complained of ankle instability when ambulating and is extremely frustrated with her lack of progress. PE: Right lower extremity alignment is satisfactory. There is some diffuse swelling around the right ankle. There is tenderness mostly at the anterior talofibular and calcaneofibular ligaments. There is also some tenderness along the anterior and anteromedial aspects of the ankle. There is decreased ankle ROM due to pain. There is laxity to anterior drawer and talar tilt testing. Plan: Claimant is not responding to non-operative management. We talked about a right ankle arthroscopic examination with treatment of intraarticular pathology as needed as there is a high incidence of intraarticular pathology with severe ankle sprains. We also talked about a modified Brostrom procedure for her ankle instability. In meantime, claimant will continue her Tramadol, HEP and work restrictions.

04-24-15: UR. Reason for denial: The ODG states operative treatment for severe ruptures of the lateral ankle ligaments leads to better results than functional treatment, and functional treatment leads to better results than cast immobilization for six weeks. An updated medical report addressing the issues of the previous determination was not submitted for review. A positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint, at least 15 degree lateral opening at the ankle joint or demonstrable subtalar movement were still not documented. In agreement with the previous determination, the medical necessity of the request has not been established. As such, the request is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The request for right Ankle Arthroscopy/Brostrom 27698 29898, possible Deltoid Ligament Repair 27698 is denied, based on the records reviewed. The claimant

is currently dealing with ankle instability related to a work accident sustained in February 2015. The ankle MRI demonstrates a near complete tear of the anterior talofibular ligament and high-grade partial tears of the calcaneofibular and deltoid ligaments. The Official Disability Guidelines (ODG) supports lateral ligament ankle reconstruction (Bostrom procedure) for ankle instability. Prior to surgical consideration, the ODG requires documentation of conservative care, as well as subjective clinical findings, objective clinical findings and radiographic findings of ankle instability. Stress radiographs must demonstrate at least 15 degrees of lateral opening at the ankle joint or abnormal subtalar motion in the absence of arthritis. The medical records do not demonstrate radiographic findings of ankle instability. This claimant has no documented evidence of instability on stress radiographs of the ankle, which is required by the ODG criteria. Furthermore, the ODG indicates that the evidence in support of ankle arthroscopy in the treatment of ankle instability is of poor quality. Therefore, after review of the medical records and documentation provided, the request for Right Ankle Arthroscopy/Brosrom 27698 29898, Possible Deltoid Ligament Repair 27698 is denied and not recommended at the present time.

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.
Lateral ligament ankle reconstruction (surgery)	**ODG Indications for Surgery™ -- Lateral ligament ankle reconstruction:** **Criteria** for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury: **1. Conservative Care:** Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS **2. Subjective Clinical Findings:** For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an

	inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS **3. Objective Clinical Findings:** For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).[1] (Litt, 1992)] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS **4. Imaging Clinical Findings:** Positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray. **Procedures Not supported:** Use of prosthetic ligaments, plastic implants, calcaneous osteotomies. (Washington, 2002) (Schmidt, 2004) (Hintermann, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).
Allograft for ankle reconstruction	*Criteria for allograft for ankle reconstruction* -- At least one of the following criteria: - Previously failed reconstruction of the ligament - Severe ankle instability (more than 15 degrees of talar tilt, more than 10 mm of anterior drawer) - General laxity of ligaments - Body mass index (BMI) higher than 25

Surgery for ankle sprains	**ODG Indications for Surgery™ -- Lateral ligament ankle reconstruction:** **Criteria** for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury: **1. Conservative Care:** Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS **2. Subjective Clinical Findings:** For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS **3. Objective Clinical Findings:** For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).[1] (Litt, 1992)] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS **4. Imaging Clinical Findings:** Positive stress x-rays identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray. **Procedures Not supported:** Use of prosthetic ligaments, plastic implants, calcaneous osteotomies. (Washington, 2002) (Schmidt, 2004) (Hintermann, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

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)**