

***True Resolutions Inc.***

***An Independent Review Organization***

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## ***Notice of Independent Review Decision***

### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

General Surgery

### ***Description of the service or services in dispute:***

OP Excision of Sural Nerve with Transposition and Implantation of Nerve into Intrinsic Musculature Posterior Lateral Left Ankle

***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)

### ***Patient Clinical History (Summary)***

This patient is reported to be a female with foot and ankle discomfort. On 02/19/14, an MRI of the ankle found suggestion of mild Achilles peritendinitis and mild posterior tibialis tenosynovitis. On 12/10/14, the patient was seen in clinic. It was noted then that she had neuropathic pain to the left ankle status post surgical correction for a talar dome fracture. She was found to have a sural nerve entrapment and underwent surgery to free the nerve on 06/16/14 with a sleeve being placed around the nerve. It was reported that she developed complications and had reexploration on 07/23/14. She reports pain improved by 20%. On 02/11/15, she was seen in clinic and it was reported that she continued to have pain to her left ankle. She had hypersensitivity at the sural nerve at the posterolateral left ankle.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On 01/14/15, a notification of adverse determination was submitted. It was noted the patient had persistent numbness along the distribution of the sural nerve but an electrodiagnostic study had not been provided for review. Failure of recent conservative measures with physical therapy or injections was not documented. Therefore, the request was not considered medically necessary. On 02/02/15, an appeal decision noted that patients with clinical findings and positive electrodiagnostic studies may proceed with surgery if there are significant symptoms and the surgery is to alleviate those symptoms. Lacking that, the request was non-certified. The records provided for this review also failed to include electrodiagnostic studies. They also failed to identify significant current conservative care such as physical therapy. Therefore, it is the opinion of this reviewer that the request for outpatient excision of a sural nerve with transposition and implantation of nerve into the intrinsic musculature of the posterior lateral left ankle is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines

- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)