



Medwork Independent Review

2777 Irving Blvd #208

Dallas, TX 75207

1-800-426-1551 | 214-988-9936

Fax: 214-699-4588

Independent.Review@medworkiro.com

www.medwork.org



MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 4/15/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right ankle peroneal tendon reconstruction, possible tenodesis, calcaneal exostectomy.

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

Texas State Licensed MD Board Certified 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 submitted records document that the woman was injured on xx/xx/xx. Reportedly, she had a heavy box dropped at the dorsum of the foot and ankle. Diagnoses have included right ankle pain, rupture of peroneal tendons, and posterior tibial tendonitis. Treatments have been documented to include medications or mobilization and therapy.

An ankle MRI from November 5, 2014 was noted to reveal a split tear of the peroneal brevis, tenosynovitis of the peroneal longus and brevis, tendinopathy of the peroneal tendons, partial tear of peroneal longus, tenosynovitis along with minimal flexor digitorum longus tenosynovitis along with prior ankle sprain, along with mild Achilles tendinopathy and edema at the medial cuneiform and base of the 1st metatarsal, and a small ankle effusion. The most recent records as of 02/19/2015 were also reviewed.

It was noted that the treating provider indicated that the xx-year-old persisted with recurrent pain primarily at the "posterior lateral aspect of her ankle, she has recurrent swelling there with activity to ankle, feels weak and unstable, and she is unable to wear any type of higher heel." There was noted to be examination findings of tenderness and fullness along the peroneal tendons at the lateral hindfoot. There was noted to be painful inversion and eversion with prominent tendons noted to be a "prominent peroneal tubercle with associated tenderness." There was noted to be pain with active inversion also.

The MRI findings were noted to be as documented above. A "chronic appearing ossicle was noted inferior to the fibula bilaterally" was also noted on x-rays. The assessments have included ruptured



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perineum tendons with tendinosis and tendinopathy in addition to posterior tibial tendonitis (the latter being felt to be secondary). The patient was documented to have "failed conservative measures thus far with mobilization and physical therapy." The denials letters have been documented to have been on the basis of a lack of apparent formal imaging report and/or indication for surgical intervention along with that of detailed functional deficit.

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

The records have documented that this individual clearly has ongoing tendonitis, tendinopathy, and tears of her peroneal tendons along with a prominent exostosis. The claimant is noted to have had reasonable documentation of the clinical and imaging findings along with a trial and failure of medications therapy and mobilization. The referenced guidelines below do support the request as being medically reasonable and necessary as guideline criteria have been met. Therefore the denial has been overturned.

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)