

## **P-IRO Inc.**

**An Independent Review Organization**

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

**Case Number:**

**Date of Notice:** 10/13/2015

#### **Review Outcome:**

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

Orthopedic Surgery

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

Left Ankle Liagment Repair Reconstruction with Allograft

**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)**

The patient is a female. On xx/xx/xx she was seen. She reported left lateral ankle pain and injury as well as right anterior shin pain and injury from that date. She stated she was walking out of work and lost her footing on a crack in the sidewalk, inverting her left foot and falling onto her right anterior shin. Physical examination found that she had no tenderness to the foot or toes on the left side, and there was no ankle weakness noted bilaterally. Sensation was intact. X-rays showed no fractures, evulsions or dislocations and the joint spaces were well-maintained. On 02/24/15, an MRI of the left ankle revealed a chronic non-united evulsion fracture involving the anterior distal tip of the lateral malleolus, with apparent insufficient or chronic tear of the anterior talofibular ligament. On 05/18/15, the patient was seen in clinic. On exam her left ankle was swollen when compared to the right and she had pain along the anterior talofibular ligaments. It was noted she had gross instability of the tibiotalar joint with varus stressing with pain. Bracing was recommended as well as surgical intervention with a ligament reconstruction. On 09/16/15, the patient returned to clinic. Upon exam, she was tender over the distal fibula left ankle, and there was no subluxation of the peroneal tendons. The Achilles tendon was intact and non-tender. She had no tenderness over the medial ankle. She had a negative anterior drawer of the ankle and ankle range of motion was limited by subjective complaints of pain. She had no crepitus with ankle range of motion and she had no pain with subtalar range of motion. She was not tender to the mid-foot or the forefoot. It was noted symptoms seemed to be quite exaggerated, and physical therapy was recommended. It was noted there was nothing on MRI to suggest that she had any surgical problems.

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

On 06/04/15, a utilization review determination letter noted the request for an outpatient left ankle ligament reconstruction with allograft, was non-certified and the Official Disability Guidelines Ankle and Foot Chapter were utilized as the reference source. It was noted there was a lack of documentation of a positive anterior drawer test, positive stress x-rays that identify motion at the ankle or subtalar joint, and negative to minimal arthritic joint changes on x-ray. The request was non-certified. On 07/07/15, an appeal utilization

review determination letter, for the requested outpatient left ankle ligament reconstruction with allograft, was submitted, utilizing the Official Disability Guidelines Ankle and Foot Chapter as the reference source. It was noted the documentation provided failed to show that this patient had the required x-ray findings needed to support the requested surgery. There was no documentation also, to support the medical necessity of the use of allograft. The request was non-certified.

For this review, the Official Disability Guidelines Ankle and Foot Chapter will also be utilized. Official Disability Guidelines indications for surgery for lateral ligament ankle reconstruction include but not limited to subjective clinical findings such as instability of the ankle, and objective findings should be documented such as a positive anterior drawer, and there should be positive stress x-rays identifying motion at the ankle or subtalar joint with at least 15 degree lateral opening at the ankle joint, or demonstrable subtalar movement, and negative to minimal arthritic joint changes on x-ray. The records submitted for this review note that the last time the patient was seen, she had a negative drawer and no instability was noted. Therefore, it is the opinion of this reviewer that the request for a left ankle ligament repair and reconstruction with allograft 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 AHCPH-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)