

# I-Resolutions Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Jun/21/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right ankle arthroscopy with debridement, cavus reconstruction with Dwyer calcaneal osteotomy, complete plantar fascial release, first metatarsal dorsiflexion osteotomy, peroneal tenosynovectomy with peroneus longus to brevis tenodesis, ankle stabilization with Brostrom versus Evans procedures

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion this reviewer that the request for right ankle arthroscopy with debridement, cavus reconstruction with Dwyer calcaneal osteotomy, complete plantar fascial release, first metatarsal dorsiflexion osteotomy, peroneal tenosynovectomy with peroneus longus to brevis tenodesis, ankle stabilization with Brostrom versus Evans procedures are not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male. On XX/XX/XX an MRI of the right ankle revealed that the peroneus brevis and peroneus longus tendons were amorphous, thickened and irregular in appearance at the level just distal to the lateral malleolus. There was moderate to large inflammatory fluid present within the peroneal tendon sheath. This was consistent with severe tendinosis and stated to be probable associated with interstitial tearing. There was marked thickening of the anterior tibial fibular ligament, consistent with a chronic partial thickness anterior tibiofibular ligament tear, with associated anterolateral soft tissue impingement. The anterior talofibular ligament was attenuated, suggesting at least a chronic partial thickness tear. There was thickening and irregularity of the deltoid ligament, consistent with a chronic partial thickness tear, and there was a medial tilt at the ankle joint. There was moderate ankle joint effusion with probably synovitis. On XX/XX/XX, the patient was seen in clinic. On exam, he was tender to palpation along the course of the peroneal tendons, worse with resisted eversion. There was tenderness to palpation over the deltoid ligament, anterior talofibular ligament and anterior lateral ankle mortis. There was good sensation in the foot and ankle. He had partial correction of a hindfoot varus with Coleman block testing. He had apprehension with varus stress and increased translation on anterior drawer although he seemed to have a firm endpoint. There was significant lateral right ankle and hindfoot swelling in the region of the peroneal tendons.

He had limited proprioception and discomfort with double and single leg toe raise. X-rays showed a slight varus tilt at the tibial talar articulation bilaterally, with lateral ankle mortis widening distally stated to be consistent with chronic instability. There was minimal anterior distal tibial spurring, and joint space on the right was well preserved. His hind foot showed no evidence of significant arthritic changes, and he had a high calcaneal pitch and lateral projection. Surgery was recommended at that time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On XX/XX/XX, a notice of adverse determination was submitted stating that while the MRI of the ankle revealed intrasubstance tears of the peroneus brevis and longus, there was no mention of any subluxation of the tendons which would require potential tenodesis procedure. Stress radiographs were not documented measuring the varus stress angle. Therefore the request was non-certified.

On XX/XX/XX, a notice of appeal adverse determination was submitted supporting the previous determination, noting there was limited data demonstrating instability which would require anterior stabilization surgery. There was no evidence of stress films of the ankle and no clear clinical indication presented for surgical intervention.

The guidelines state that for this procedure to be medically necessary, stress x-rays should be documented, showing the degree of instability with at least 15 degrees of opening. This has not been objectively documented for this review.

It is the opinion of this reviewer that the request for right ankle arthroscopy with debridement, cavus reconstruction with Dwyer calcaneal osteotomy, complete plantar fascial release, first metatarsal dorsiflexion osteotomy, peroneal tenosynovectomy with peroneus longus to brevis tenodesis, ankle stabilization with Brostrom versus Evans procedures are 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 & 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)