



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: March 4, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for right ankle tibiotalar fusion

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

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)

CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on XX/XX/XX while walking down some stairs when his right foot slipped resulting in a fall from the stairs and fracturing his right ankle. The claimant underwent open reduction and internal fixation (ORIF) of the right ankle on XX/XX/XX. The claimant has been previously treated with right ankle steroid injections that helped and has been treated with NSAIDs (Meloxicam).

X-ray of the right ankle report from office visit note dated XX/XX/XX revealed small bony mass distal to the medial malleolus, syndemosis stable, fibula well healed. MRI of the right ankle dated XX/XX/XX revealed hardware in place, no fracture line seen, cystic changes in the medial talar dome and central tibial plafond consistent with old osteochondral injury. There was no depression of the articular surfaces. There was thickening of the medial deltoid ligament complex consistent with scarring.

Office visit note dated XX/XX/XX documented the claimant to have complaints of right ankle pain with sleep disturbances due to pain. Physical examination revealed antalgic gait with a well-healed surgical scar on the right ankle, anterior-lateral and postero-lateral ankle pain. Extensor hallucis longus and flexor hallucis longus intact. The claimant was able to perform single limb stance with no hip pain and was diagnosed with post-traumatic osteoarthritis of the right ankle, right ankle sprain and obesity due to excess calories. The claimant's treating physician recommended right ankle tibiotalar fusion.



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An adverse determination letter dated XX/XX/XX denied the request of coverage for right ankle tibiotalar fusion because there is no documented severe ankle osteoarthritis to warrant ankle fusion. This procedure is not medically necessary in this injured worker at this time.

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

According to the ODG, ankle fusion is recommended to treat non- or malunion of a fracture or arthritis. However, the records available for review indicates that there is no evidence of arthritis or malunion on x-rays or MRI. The MRI dated XX/XX/XX showed no loss of articular surfaces. The radiographs showed well healed fibula and stable syndesmosis. There is no new information submitted to overturn the previous denials. The arthroscopic images of the right ankle surfaces could have had an influence but they have not been submitted.

Therefore, based on the ODG recommendations as well as the clinical documentation stated above, the request of coverage for right ankle tibiotalar fusion is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**Ankle & Foot (Acute & Chronic) –online version
Fusion (arthrodesis)**

Recommended as indicated below. In painful hindfoot osteoarthritis the arthroscopic technique provides reliable fusion and high patient satisfaction with the advantages of a minimally invasive procedure. (Glanzmann, 2007) In stage III and IV adult acquired flatfoot due to posterior tibial tendon dysfunction, correcting and stabilizing arthrodeses are advised. (Kelly, 2001) Also see Surgery for calcaneal fractures; Surgery for posterior tibial tendon ruptures.

ODG Indications for Surgeryä -- Ankle Fusion:

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:
2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:
3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:
4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.



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Procedures Not supported: Intertarsal or subtalar fusion, except for stage 3 or 4 adult acquired flatfoot.

(Washington, 2002) (Kennedy, 2003) (Rockett, 2001) (Raikin, 2003)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

[wi]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.