

True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/11/2016

Review Outcome:

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

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Left ankle arthroscopy with deltoid ligament repair

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 male who reported injury on XX/XX/XX. The patient was diagnosed with left ankle sprain/strain. The mechanism of injury was when he fell, and twisted his ankle after stepping on the sidewalk crack. Medications include Motrin. An MRI of the left foot, and left ankle performed on XX/XX/XX revealed extensive bone bruise involving the talus, posterior malleolus of the tibia, and cuboid. There is chip fracture of the posterior malleolus. Microtrabecular fracture is seen of the talus. Alignment is anatomical. Moderate joint effusion. High grade partial tear of the deltoid ligament. Tenosynovitis of the extensor digitorum longus. Tenosynovitis of the peroneal longus, and peroneus brevis. MRI of the left foot revealed fracture of the distal, and of the fourth metatarsal. On XX/XX/XX the patient complained of pain, and instability in the ankle. Most of the pain was at the medial, and posterior aspect of the ankle. The patient had difficulty with ambulating due to the pain, and instability. The patient was currently not working due to restrictions. Physical exam revealed the patient ambulated on his left lower extremity with an antalgic gait. The alignment was satisfactory. There was significant tenderness around the deltoid ligament. There was minimal tenderness at the posterior aspect of the ankle. There was some diffuse swelling. The skin was intact. There was full ankle range of motion. There was pain and laxity to valgus stress. The Achilles tendon was intact. The peroneal tendons were stable. Light touch was intact, and there were good distal pulses. The physician stated, the patient was not responding to non-operative management. The physician recommended left ankle arthroscopy with deltoid ligament repair.

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

The Official Disability Guidelines recommend conservative treatment in the early stages, including rest, nonsteroidal anti-inflammatory drugs, and immobilization of the foot for 6 to 8 weeks with a rigid below the knee cast or boot to prevent overuse. Based on the clinical note submitted for review, the patient reported injury on XX/XX/XX. Conservative treatment to date included Motrin, activity modification, and physical therapy. The physician noted the patient was not responding to non-operative management. However, there

was no evidence the patient's conservative care included immobilization of the foot with cast or boot. Based on the clinical notes provided, the patient was recommended modified work/activity, NSAID's, physical therapy, and a home exercise program. The patient participated in physical therapy, and the physical therapist did note the patient was wearing a left ankle sleeve. The patient was noted to be walking without an assistive device. Moreover, the clinical notes submitted for review failed to provide classification of the ongoing deformation of the foot, clinically, the ongoing deformation of the foot can be classified into four stages. Given the lack of appropriate conservative care, and the lack of documentation indicating patient ongoing deformation of the foot, medical necessity for the requested surgical intervention is not substantiated. Given the above, the previous determination is 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)