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IRO Certificate #4599

DATE OF REVIEW: 5/06/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient, Left Ankle A-L Decompression, Brostrom Repair; CPT 27698, 27610, 29405

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

Physician Board Certified in Podiatry, DPM FACFAS

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtured (Disagree) X

Partially Overtured (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who sustained an ankle injury in XX/XXXX. This injury occurred during her work day when she stepped on uneven gravel and had a severe ankle sprain. She went to the emergency room for care and was referred to for follow up. The patient was diagnosed with left ankle pain and a left lateral ankle sprain. She was started on an exhaustive conservative therapy protocol including immobilization and several visits of physical therapy, anti-inflammatory medications, activity restrictions, and work restrictions. After several months of exhaustive conservative therapy, the patient continued to have severe pain and instability. An MRI was obtained on XX/XX/XX. The report revealed an anterior talifibular ligament deficient ankle, a calcaneofibular ligament that is thickened, but is intact, acute plantar fasciitis and moderate posterior subtalar joint degenerative changes. The patient was seen on XX/XX by XX who after noting that the patient had not recovered from her injury, referred her to XX for a second opinion. XX, on XX/XX, evaluated XX and reviewed the previous physician's progress notes as well as the physical therapy notes and after a thorough evaluation, recommendations were made for further physical therapy. The patient then returned to XX on XX/XX/XX where he noted that the patient had received all possible modalities of treatment available for severe sprains of the ankle. She has had a functional capacity evaluation, physical therapy, and has not improved her symptomatology. The patient's work requires her to stand on her feet all day as well as walking around. XX recommendation at that time was to proceed with an anteriolateral decompression with Brostrom Repair. XX noted that the patient had a strongly positive anterior drawer sign as well as continued tenderness and had failed extensive conservative treatment modalities. Denying the authorization consisted of referring to Screening & Criteria Treatment Guidelines, Foot/Ankle, XX/XX/XX, online indication. XX and XX denied for lack of a positive stress test indicating abnormal motion at the ankle or subtalar joint. The guidelines require positive stress test indicating motion at the ankle or subtalar joint with at least 15 degrees of lateral opening. No stress x-rays were provided as required by the guidelines. The patient was seen back in XX office on XX/XX/XX. XX mentioned in his note that it was recommended that he obtain stress x-rays of the ankle. He documents that they very often will be falsely-negative because of the significant peroneal spasms when performing various stress test of the ankle. XX mentioned that this is a notoriously unreliable test and the patient continues to have the problem and continues to be, in his opinion, a candidate for Brostrom Repair.

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

Opinion: I disagree with the benefit company's decision to deny the requested service(s).

Rationale: In my opinion, XX has undergone appropriate conservative treatment modalities in an attempt to get back to a functional level where she can resume work. Conservative treatment has failed. The patient continues to have a highly positive anterior drawer, continued pain and instability. Stress x-rays, in my opinion, are unreliable and, at this point, considered antiquated. They do not test for functional instability. In order to perform a lateral stress x-ray test, the patient requires a common peroneal block and then a stress test can be performed. This is not, however, a valid study as patients are known to have functional ankle instability. Stress tests performed correctly only evaluate mechanical instability. A combination of MRI findings revealing essentially an absent anterior talifibular ligament, a positive anterior drawer sign, continued complaints of pain and instability, are appropriate findings to conclude that the patient is an excellent candidate for surgical intervention.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)