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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/07/2016

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:

Right ankle ligament repair, brostrom calcaneal osteostomy FDL transfer, posterior tibialis dedribement

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 who is being recommended for 28238 (Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone), 27691 (Transfer or transplant of single tendon (with muscle redirection or rerouting); deep), 27698 x2 (Repair, secondary, disrupted ligament, ankle, collateral), and 28300 (Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation) for the treatment of right ankle sprain.

The clinical note dated XX/XX/XX indicated the patient was being seen for a followup regarding the right ankle sprain that was sustained on the job on XX/XX/XX. The patient was noted to be wearing a boot. The patient had tried to come out of the boot but had considerable pain. The patient had gone to physical therapy for evaluation. Pain was rated 4/10 to 5/10. The patient medication regimen included methadone and Norco. On physical examination, there was some diffuse swelling around the ankle as well as tenderness around the lateral aspect of the ankle diffusely. There was also evidence of tenderness in the posterior tibialis tendon for the medial malleolus to the navicular. There is also evidence of flexible pes planovalgus. The patient was able to actively dorsiflex and plantar flex the ankle with some limitation due to pain. There was no gross laxity during anterior drawer or talar tilt testing. The clinical note from XX/XX/XX indicated the patient continued to have complaints of "severe" pain around the right ankle. The patient was noted to have stopped physical therapy to the ankle due to recent wrist surgery. The patient was also noted to continue with pain medication. On physical examination, the patient ambulated with antalgic gait. There was a flexible pes planovalgus. There was s tenderness around the ankle with decreased range of motion secondary to pain.

An MRI of the right ankle performed on XX/XX/XX was noted to reveal partial tear sprain of anterior talofibular ligament with lateral soft tissue edema; lateral tear of the distal posterior tibial tendon just proximal to the attachment without tenosynovitis, full thickness tear, or retraction; mild bone contusion to the lateral anterior calcaneus and cuboid; a small amount of fusion seen in the calcaneocuboid, tibiotalar, and posterior subtalar joints.

The utilization review referral dated xxxxx indicated the physician was recommending right ankle ligament repair, Brostrom, calcaneal osteotomy, FDL transfer, and posterior tibialis debridement.

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

According to the Official Disability Guidelines, surgical intervention for ankle sprain to include lateral ligament ankle reconstruction may be considered in patients who have attempted immobilization for 3 weeks followed by rehab program plus subjective evidence of instability, swelling, and ecchymosis. In addition, there should be objective evidence of posterior anterior drawer, osteocondyle fragment, medial incompetence, and/or positive anterior drawer. Furthermore, there should be evidence during a positive stress x-ray of at least 15 degrees of lateral opening of the joint or evidence of demonstrable subtalar movement and there is no evidence of arthritic joint changes on x-ray. The guidelines also stated that the use of calcaneus osteotomies are not supported.

There is a lack of evidence within the documentation provided that the patient had positive anterior drawer during physical examination. In addition, there was no positive stress x-rays provided for review. Furthermore, there is no documentation provided in regard to the patient's rehabilitation program and it remains unclear why the patient cannot restart the program as it was noted the patient stopped the program due to a recent wrist surgery. Moreover, it remains unclear as to why CPT code 28238 is being recommended as this is for posterior tendon reconstruction with excision of the axillar tarsal navicular bone as there is no evidence that the patient an accessory navicular bone that would warrant the need for excision and typically performed in patients with pes planus; the patient is being treated for a history of ankle sprain. Also, it remains unclear as to why there is a request for CPT 27691 (PDL transfer) as this type of procedure is likewise typically performed in patients with pes planus not chronic instability of the ankle due to an ankle sprain. In addition, there is also a need for clarification as to why the CPT code 27698 is being requested twice as this CPT code is for repair of the collateral ankle ligament. There was no evidence of pathology associated with the collateral ligaments. The treatment guidelines also do not recommend calcaneus osteotomies as a surgical procedure for ankle sprains. Therefore, the request for a right ankle ligament repair, Brostrom, calcaneal osteotomy, FDL transfer, posterior tibialis debridement with CPT Codes 28238, 27691, 27698 x2, and 28300 is not medically necessary and thus the previous determinations 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 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)