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An Independent Review Organization

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IRO REVIEWER REPORT

Date: 4/2/2018 1:07:54 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right ankle arthroscopy, right posterior tibialis tendon sheath injection under fluoroscopy

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XX. The XXXX MRI of the right ankle revealed mild tibialis posterior tenosynovitis of the retromalleolar and inframalleolar segments; moderate tibiotalar joint effusion and moderate subtalar joint osteoarthritis. MRI of the foot without contrast revealed no evidence of right foot musculotendinous or ligamentous abnormalities and mild first cuneiform–metatarsal joint osteoarthritis. The patient had previously received a right peroneal tendon sheath steroid injection under radiographic guidance. According to the XXXX follow-up, the patient reported no longer having pain in the area of the right peroneal tendon sheath steroid injection. XX continued to complain of pain around the anterior and medial aspect of the ankle. XX was not taking any pain medication was not working. The patient ambulated on XX right lower extremity with a slight antalgic gait. There was some swelling throughout the ankle. There is some tenderness along the course of the posterior tibialis tendon. The Achilles tendon was intact. The peroneal tendons were stable and nontender. XX tolerated full ankle range of motion with pain was able to dorsiflex and plantarflex ankle and toes. There is no gross ligamentous laxity to anterior drawer or talar tilt testing. The patient was recommended a right ankle arthroscopic examination with treatment of intra-articular pathology as needed due to persistent pain as well as a right posterior tibialis tendon sheath steroid injection under radiographic guidance while under anesthesia.

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

The Official Disability Guidelines state diagnostic arthroscopy is recommended for articular assessment after ankle fracture and sprain, unexplained pain, swelling, stiffness, hemarthrosis, locking and ankle instability. The guidelines also state corticosteroid injections are not recommended. Although the patient reported pain, the most recent MRI did not reveal an intra-articular pathology as request was for right ankle arthroscopic examination with treatment of

intra-articular pathology. Also, as the patient had received a right peroneal tendon sheath steroid injection and was no longer having pain in the area, XX did continue to complain of pain in the anterior medial aspect of the ankle and was not working. As such, the request for right ankle arthroscopy, right posterior tibialis tendon sheath injection under fluoroscopy is not medically necessary. As such, the prior determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle& Foot, Diagnostic arthroscopy and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle & Foot, Corticosteroid injections