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**Date notice sent to all parties:** 02/26/18

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right ankle arthroscopy with synovectomy, arthroscopic repair of the osteochondral defect/fracture versus open repair of the talar fracture/talar defect, tibial osteotomy, and placement of splint

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Foot & Ankle Traumatology  
Diplomate of the American Board of Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgeons

**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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Right ankle arthroscopy with synovectomy, arthroscopic repair of the osteochondral defect/fracture versus open repair of the talar fracture/talar defect, tibial osteotomy, and placement of splint – Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A right ankle MRI on XXXX revealed posteromedial talar dome osteochondral lesion without an unstable fracture fragment. There was also mild distal posterior tibial tenosynovitis and flexor digitorum longus tenosynovitis. There was degenerative flattening of the peroneus brevis with focal short length split tear with distal reconstruction. There was also a small bony contusion of the medial talar body near the site of the deltoid ligamentous attachment, as well as mild plantar calcaneal

enthesopathy. XXXX examined the patient on XXXX for XXXX right foot pain rated at 8/10. XXXX had XXXX on XXXX. XXXX was XXXX. XXXX had a normal gait and stance and muscle strength was +5/5. XXXX had medial and lateral gutter pain in the right ankle. XXXX had an unstable talar tilt and limited range of motion. The MRI was reviewed and a fracture boot was recommended for 6 weeks. On XXXX, XXXX noted XXXX had had improvement with the use of the fracture boot and XXXX had been doing therapy at home. X-rays showed the ankle mortise was intact and there was no evidence of syndesmotic injury. The medial and lateral gutters were free of debris and there was no evidence of osteochondral lesion. Therapy was recommended 3 times a week for 4 weeks. The patient noted significant improvement in XXXX right ankle on XXXX. XXXX had diminished strength to the peroneal group, but there was no pain to palpation. XXXX was returned to full duty and the brace was discontinued. XXXX was advised to finish therapy. On XXXX, the patient followed-up with XXXX and noted some recent swelling in XXXX right ankle. XXXX had pain to palpation in the lateral foot and ankle, ATF, and the insertion of the peroneal tendon. There was slight edema. A repeat MRI was recommended due to a deterioration in XXXX condition. XXXX recommended the MRI again on XXXX, which was performed on XXXX. There was an 8 x 8 mm osteochondral erosion in the medial corner of the talar dome superimposed on otherwise mild osteoarthropathy. There was mild plantar fasciitis and calcaneal spurring without microtear or Baxter's nerve entrapment. There was mild swelling of the Achilles' paratendon with mild active tendinosis without microtear. On XXXX, the patient complained of increased pain in XXXX right ankle and intermittent swelling. The MRI was reviewed and it was noted the osteochondral lesion had not improved with immobilization and surgical evaluation with XXXX was recommended. XXXX examined the patient on XXXX. XXXX found it hard to walk on uneven ground, as XXXX did not feel stable. However, XXXX had no pain using stairs, but XXXX did have issues walking up or down ramps. On examination, XXXX had mild fusiform edema to the ankle joint. There was POP to anterior, medial, and anterior portion and the medial gutter of the ankle. XXXX had guarding with anterior drawer testing. XXXX recommended surgery due to the amount of edema and pain, as XXXX had early stage 2 OCD of the posterior medial aspect of the ankle joint. A Cortisone injection was done at that time. On XXXX, a preauthorization request was submitted for right ankle surgery, which XXXX provided a denial for on XXXX. The patient returned to XXXX on XXXX and noted XXXX was scheduled for surgery on XXXX. Another Cortisone injection was performed. Surgery was again recommended and another preauthorization was submitted on XXXX. XXXX provided another denial of the requested right ankle surgical procedure on XXXX.

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

The description of the first MRI scan appears to show the nature of the problem being more chronic than acute. The findings seen likely would not have been produced in such a short period of time, that being approximately XXXX from injury to the time of XXXX first MRI scan. There is a description of a loose ossific nucleus that appears chronic. The description should also be considered chronic in the fact that there is already evidence of a small cyst formation within the substance of the osteochondral lesion. It is unlikely that it was produced or formed in such a short period of time. In neither MRI scan is there a description of a loose fracture fragment or degeneration of the surface cartilage. It should also be noted these findings were seen in combination with a XXXX. Furthermore, it appears that there may be improvement between the first and second MRI scans. Clearly, there is no loose osteochondral fragment and it has not been described in the MRI scans that there has been any significant cartilage irregularity of breakdown. In addition, the Official Disability Guidelines (ODG) note that surgery is indicated for patients with hallux valgus, instability, or failure of non-operative care. Based on the documentation reviewed, there are complaints in the right ankle, but there is no objective documentation of hallux valgus or any ongoing instability to warrant a surgical procedure. Also, there is no documentation

provided of any conservative care, including therapy or how many sessions of therapy have been provided to the patient. Therefore, the requested right ankle arthroscopy with synovectomy, arthroscopic repair of the osteochondral defect/fracture versus open repair of the talar fracture/talar defect, tibial osteotomy, and placement of splint is not appropriate or in accordance with the ODG and delete

**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**
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  - MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
  - MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
  - 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 A DESCRIPTION)**
  - OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**