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DATE OF REVIEW: July 15, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ligament repair, left ankle, arthroscopy

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of: ligament repair, left ankle, arthroscopy

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XX who sustained an XX injury on XX. Injury occurred when was XX fell, injuring left ankle. The XX orthopedic report cited a chief complaint of left ankle/foot pain, with most of XX pain in the posterior aspect of the ankle and fifth toe. XX had a history of an inversion type injury to the left ankle, when XX slipped down some stairs in the dark. XX was placed in a cast boot and given crutches. Current medications included XX and XX with XX. Body mass index was documented as 48.07. XX ambulated on left lower extremity in a boot with an antalgic gait. Left lower extremity exam documented satisfactory alignment, some diffuse ankle swelling, posterior ankle tenderness, no tenderness at the medial malleolus, and some 5th toe tenderness. XX was

minimally able to dorsiflex, plantar flexion, invert, and evert the foot. The Achilles tendon was intact and the peroneal tendons were stable. X-rays of the left foot performed XX were reviewed. There might be a non-displaced fracture in the 5th toe. The left ankle x-rays performed XX were reviewed and demonstrated no obvious displaced fractures. The ankle mortise was intact. The diagnosis included left ankle ligament sprain and left 5th toe fracture. Due to persistent pain, an MRI of the ankle was prescribed for further evaluation. XX was to continue with boot and pain medication. The XX left ankle MRI impression documented recent tears of the anterior tibiofibular and interosseous ligaments, and evidence of prior injury to the anterior talofibular ligament. On XX, the orthopedic surgeon requested authorization for left ankle arthroscopy and ligament repair for a diagnosis of left ankle syndesmosis, ankle sprain. The XX peer-review determination report indicated that the request for left ankle arthroscopy/ligament repair was non-certified. The rationale stated that there was no documentation reflecting a trial of physical therapy/rehabilitation, casting or an ankle brace, no description of an inversion or hyperextension injury, no documentation of ecchymosis or significant instability on examination, and no documentation of motion at the ankle or subtalar joint on stress x-rays or demonstrable subtalar motion. The orthopedic surgeon requested appeal for left ankle arthroscopy and ligament repair on XX. The XX peer-review determination report indicated that the request for left ankle arthroscopy/ligament repair was non-certified on appeal. The rationale stated that there was no clear indication of ankle instability on the most recent physical exam, and no documentation of prior therapy or other conservative treatments consistent with guideline criteria.

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

The prospective request for left ankle arthroscopy, ligament repair is not medically necessary. The denial is upheld. The Official Disability Guidelines provide specific indications for surgery for acute ankle sprain/strain inversion injury. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective clinical findings include description of an inversion injury, ecchymosis, and swelling, AND objective clinical findings of grade 3 injury and/or osteochondral fragment and/or medial incompetence AND positive anterior drawer. Additionally, criteria include positive stress x-rays (performed by a physician) identifying motion at the ankle or subtalar joint, with at least 15-degree lateral opening at the ankle joint OR demonstrable subtalar movement AND negative to minimal arthritic joint changes on x-ray.

This patient presents with left ankle/foot pain following left ankle inversion injury on XX. XX has also been diagnosed with a possible non-displaced fracture of the left toe. Clinical exam findings have evidenced posterior ankle tenderness, some diffuse ankle swelling, and minimal range of motion due to pain. There is documentation of recent tears of the anterior tibiofibular and interosseous ligaments. Conservative treatment has included cast boot immobilization and medications. Guideline criteria have not been met for surgery. There is no documentation of attempted physical therapy rehabilitation. There is no clinical evidence of ecchymosis or instability documented, including a positive anterior drawer sign. There is no documentation of stress x-rays of the left ankle with discussion of ankle or subtalar joint motion or demonstrable subtalar motion. Therefore, this request is not medically necessary.

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**
 - ODG Treatment
 - Integrated Treatment/Disability Duration Guidelines
 - Ankle and Foot (Acute & Chronic)
 - (Updated XX)
 - Lateral ligament ankle reconstruction (surgery)
- ☐ **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)**