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Date: 5/3/2018 2:10:10 PM CST * **Amended Date: 5/11/2018**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Surgical Left Foot Cuboid, Navicular Fracture Repair, and repair of Deltoid Ligament Medical Left Ankle

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 XXXX year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury was listed as an XXXX. XXXX complained of persistent left foot pain. On XXXX, the patient presented for follow-up with 5/10 pain in the left foot. XXXX was ambulating with a CAM boot, which was helpful at relieving XXXX pain. On physical examination, there was tenderness to palpation of the left midfoot at the medial and lateral aspect. Range of motion was painful. A CT scan of the left foot performed on XXXX revealed a nondisplaced fracture of the medial pole of the navicular with several adjacent minimally displaced avulsed fragments at the posterior tibial tendon attachment, small avulsed fragment adjacent to the medial malleolus, and a subtle nondisplaced fracture of the cuboid. The request was previously submitted for left cuboid and navicular fracture repair, as well as repair of the deltoid ligament. However, this request was denied due to a lack of evidence regarding an unstable ankle fracture. The request was submitted for an appeal.

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

Regarding the requested left foot cuboid navicular fracture repair and repair of deltoid ligament, the available documentation indicated that the patient had a CT scan revealing a nondisplaced fracture of the medial pole of the navicular with minimally displaced avulsed fragments at the posterior tibial tendon attachment, as well as a subtle nondisplaced fracture of the cuboid. The request was previously denied due to sufficient evidence of ankle instability. According to guidelines, criteria for ligament reconstruction include failure of conservative care modalities, with objective clinical findings indicative of instability. X-rays showed identifying motion at the ankle or subtalar joint, with at least 15° of lateral opening. In this case, there was no evidence of an unstable ankle, as noted in the prior review. There was no clear physical examination evidence of a positive anterior drawer test, or other findings indicative of instability. Medical literature was referenced for additional information, and states that tarsal navicular stress fractures may occasionally be treated operatively, although efficacy is uncertain. Medical

literature states that there is a high incidence of nonunion after repair of these fractures. Given the above findings, the request is not supported, and the prior determination is upheld.

Therefore, surgical left foot cuboid, navicular fracture repair, and repair of deltoid ligament medical left ankle 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
- 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 and Foot, Lateral ligament ankle reconstruction (surgery) and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle and Foot, Surgery for ankle sprains