

MDR Tracking Number: M2-04-1063-01
IRO Certificate # 5259

April 14, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopaedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This claimant apparently was injured on ___ sustaining an injury to his left ankle. He was treated by ____. ___ indicates that the patient had his left foot injured in a forklift accident on ____. He was seen by ___ on 11/24/99. MRI scan showed evidence of peroneal tendonitis. He was treated conservatively without much improvement. On 3/30/00 he underwent open reconstruction of the peroneal tendons and the peroneal tendon sheath, tenosynovectomy, and repair of the tibiofibular ligament. The diagnosis apparently was tenosynovitis of the ankle and tibiofibular ligament strain. On 8/25/00 ___ felt the patient had reached maximal medical improvement with a 5% whole person impairment rating. ___ continued to follow the patient and on 3/25/02 noted that the patient was still complaining of buckling in his ankle when he walked. He had limited ankle range of motion and mild joint effusion. He diagnosed tenosynovitis of the foot and ankle and tibiofibular ligament sprain. He recommended another MRI due to continued pain and swelling in the ankle.

On 5/7/02 another MRI of the left ankle was accomplished. It showed moderately severe peroneus brevis tendinopathy distal to the lateral malleolus with some surrounding fluid.

He had an intact talofibular ligament, which apparently had been surgically repaired. He has a cystic fluid collection around the subtalar joint and a small amount of anterior subtalar joint fluid.

___ continued to follow him with continued ankle symptoms. He recommended tenosynovectomy and excision of the cyst and scar tissue in the ankle and he apparently had a keloid at the surgical site. ___ continued to follow him during 2003. On 1/31/03 he was complaining of ankle pain and temperature changes. He was noted to have a normal gait and full dorsiflexion and plantarflexion with some anterolateral fibular tenderness with negative stress tests. ___ recommended continued conservative care. On 11/24/03 ___ noted that the patient's status was unchanged. He had sharp pain in the mornings and lateral ankle swelling. Exam showed no joint effusion, moderate tenderness over the posterolateral peroneal tendon sheath, and swelling of the tendon sheath. He recommended repeat surgery with revision of the scar tissue, removal of the sutures, and tenosynovectomy of the ankle. He continues to follow him during the early part of 2004. On 3/1/04 he injected the ankle area with a steroid compound and suggested that further surgery might be indicated if he did not respond. Subsequent pre-authorization request was apparently denied due to the fact that the reviewer felt that the surgical treatment was premature. Correspondence to the patient dated 3/2/04 indicated that the ankle surgery was not pre-authorized, as the intervention appeared to be premature with the possibility that the patient might still respond to treatments.

Correspondence from ___ orthopaedic surgeon, indicated that he felt the intervention was premature and there was some possibility that the claimant might improve with conservative care.

The requested procedure, according to ___, is ligament reconstruction and revision of the scar on the left ankle. He does not specify on his claim notes what ligament was planning to be reconstructed. There is also some confusion as his diagnosis is left ankle tibiofibular ligament sprain. The first surgery apparently was performed on the anterior talofibular ligament, which is a different ligament than the tibiofibular ligament. The MRI done after his surgery showed that the talofibular ligament appeared to be well healed with no sign of recurrent tearing.

REQUESTED SERVICE (S)

Left ankle open tendon sheath repair/debridement

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Consideration of surgical treatment of the chronic peroneus brevis tendinopathy is reasonable.

The patient has had long-standing pain symptoms and has MRI evidence of chronic tendinopathy after his first surgical repair. Debridement of the tendon, if possible, augmentation with tendon graft may be an appropriate procedure in this scenario. There is no evidence of disruption of the talofibular ligament, which was previously repaired, and the tibiofibular ligament does not appear to be disrupted. Therefore, if conservative treatment including steroid injections resulted in relief of his peroneal tendon symptoms, then repeat surgical treatment for debridement of the tendon and possible grafting of the tendon may be an appropriate procedure in this setting.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of April 2004.