



Specialty Independent Review Organization

Date notice sent to all parties: 9/6/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a XX ankle XX repair with XX XX tendon repair.

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 prospective medical necessity of a XX XX XX repair with XX XX XX tendon repair.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XXXX who sustained an XX injury on XXXX. Injury occurred when XXXX. As XXXX stepped back, XXXX felt a popping sensation to XXXX XX foot. A review of records documented conservative treatment to include physical therapy, activity modification, multiple injections, bracing, ice, and medications. The XXXX XX foot MRI impression documented XX and XX of the XX XX at the XX XX of XX. The XX XX glenoid complex was unremarkable. The XXXX XX ankle MRI impression documented XX

collateral ligament sprain and XX XX XX XX ligament and XX ligament or XX ankle sprain, XX ankle XX XX, split tear of the XX XX with XX XX of the XX XX XX XX XX split tear with XX, and XX XX syndrome with XX. There was XX XX XX XX sprain with tear of the XX XX ligament complex XX XX and XX XX, and XX XX and XX XX XX XX at the XX of XX. The XXXX podiatry chart notes documented that XX ankle/foot x-rays demonstrated XX ankle XX with XX of the XX joint with noted mid-foot XX. A diagnostic ultrasound of the XX foot revealed findings consistent with XX and XX in the XX XX tendon inferior to the XX XX. The XXXX podiatry chart notes documented subjective complaints of constant grade XX-XX/XX XX foot and XX ankle pain with associated numbness, tingling, swelling, catching/locking, popping/clicking, buckling, grinding, and instability. It was noted that the patient was seen for XX foot/ankle follow-up. XXXX still had some numbness, tingling and popping. XXXX noted that the injection helped and would like another one if possible. Symptoms were aggravated by standing, walking, weight bearing, getting out of bed, going from sit to stand, going up and down stairs, and exercise. Left ankle/foot exam documented both swelling and no swelling, mild flexible flatfoot, tenderness over the XX ankle, XX ankle, and dome of the XX, and tenderness of the XX XX and XX, XX XX, XX XX ligament, XX ligament, and XX XX. There was diminished range of motion secondary to guarding. There was XX/XX5 XX XX and XX weakness. There was pain and instability with XX XX test, XX XX pain and instability, and abnormal XX ligament complex. The diagnosis included XX XX ligament sprain, XX XX tendinitis, XX foot sprain, and XX foot and ankle joint pain. The treatment plan documented a discussion of conservative and surgical treatment options. It was noted that the patient had a twofold problem of ankle instability and XX tendon tear. XXXX required a XX repair and tendon ligament repair. The XXXX peer reviewer determination non-certified the request for XX ankle XX repair with XX XX XX tendon repair. The rationale stated that there was no clear documentation of failed immobilization trials, and no MRI report available for review documenting diagnostic findings consistent with left ankle instability. The XXXX podiatric chart notes stated that the patient had documented instability with positive XX tilt and XX XX. XXXX had failed bracing, therapy and medication. Injection had given the patient relief both along the XX XX ligament and XX tendon. There was clear documentation from both the occupational medicine clinic and podiatry notes indicating failed bracing which was not effective in the patient's instability and pain ambulating. MRI demonstrated high ankle sprain and XX ligament pathology including XX tendon pathology. XXXX was not working. Given the current findings and appropriate documentation, this surgery should be certified given findings and ODG criteria being met and documented. The XXXX peer review determination non-certified the request for XX ankle XX repair with XX XX XX tendon repair. The rationale stated that guideline criteria had not been met. There were contradictory exam findings, insufficient documentation of stress x-rays showing ankle or XX joint motion, and it was unclear if there were no XX changes in this XXXX.

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

The Official Disability Guidelines (ODG) provide specific indications for XX ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include: Conservative care including physical therapy (immobilization with support cast or brace and rehabilitation program); Subjective clinical findings showing evidence of instability and supportive findings of swelling; Objective clinical findings of positive anterior drawer; and, Imaging clinical findings of findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint, 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 persistent chronic XX ankle/foot pain with associated numbness, tingling, popping, and instability. Pain results in functional limitations in activities of daily living and preclude return to work. Clinical exam findings have documented positive XX XX and XX XX signs consistent with instability. There is equivocal documentation of swelling. X-rays of the XX ankle/foot have demonstrated XX ankle XX with XX of the XX joint and XX-foot XX. There is imaging evidence of XX ankle sprain and XX ligament pathology. Detailed evidence of a reasonable and/or comprehensive non-operative treatment protocol trial, including therapy, immobilization/bracing, and medication, and failure has been submitted. There is reported positive temporary response to injections. However, ODG criteria have not been met. There is no documentation of positive stress x-rays identifying motion at the ankle or XX joint, and at least XX-degree XX opening at the ankle joint. Additionally, there is documentation of XX ankle and XX XX which does not clearly meet guideline criteria for negative to minimal XX joint changes on x-ray. Therefore, this request for XX ankle XX repair with XX XX XX tendon repair 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
- 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)