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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

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

American Board of Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX who was injured on XXXX. XXXX. XXXX

On XXXX noted the patient was using XX. The patient complained of XX ankle pain rated as XX/XX. There was ankle XX. History was positive for XX. On exam, BMI was XXXX. The XX ankle had tenderness to palpation over XX XX and XX XX. There was XX on the XX XX XX. X-rays of the ankle showed no acute XX abnormality. XXXX diagnosed XX XX and XX of the XX ankle. XXXX ordered a magnetic resonance imaging (MRI) of the XX ankle and recommended weightbearing as tolerated.

On XXXX, an MRI of the XX ankle study revealed XX XX XX and XX XX and XX XX sprains, flat and configuration of the XX XX XX suggesting split tearing, XX XX, mild/early XX XX and XX XX with surrounding fluid that could be seen with XX ankle XX. Per addendum, there was increased signal and irregularity of the XX XX XX likely reactive from the XX ankle XX. The XX XX XX (XX) was XX with mild increased signal, remaining in continuity, consistent with mild XX XX XX. The XX XX XX XX was not visualized, likely representing XX XX XX.

On XXXX, XXXX noted the patient continued to have pain and instability of the XX ankle. The patient had tried physical therapy (PT) but felt too unstable and had to stop. The patient used XXXX boot but could not come out of them because XXXX ankle would give out. XXXX diagnosed XX XX of XX ankle, XX XX, instability of the XX ankle XX, sprain of XX of XX ankle, acquired XX XX XX and Achilles XX of the XX XX extremity. XXXX recommended XX XX XX, XX XX XX and XX ankle XX repair XX-XX.

Per XX-1XX dated XXXX, the XX disputed medical treatment and indemnity benefits related to findings on the XX ankle MRI of XX XX at the XX XX joint and XX, XX deformity and split tearing of the XX XX tendon. WCI did not cover unrelated, pre-existing medical conditions and/or ordinary diseases of life found in the general population. In addition, there was no medical evidence to show that these conditions were related to your employment or the claimed XXXX work injury. Based on the investigation and the medical evidence, the compensable injury was limited to a XX ankle strain.

Per adverse determination letter dated XXXX the request for repair, XX XX, ankle, XX XX of XX and incision of the XX XX was denied based on the following rationale: *"The medical records provided for review shows that the claimant has continued pain in the XX ankle. According to the guidelines, the use of XX XX ankle XX surgery is recommended after failure of conservative treatment to include physical therapy and immobilization with support cast or ankle brace, when there are objective clinical findings of XX XX XX XX and positive XX x-rays identifying motion at ankle or XX XX with at least XX degrees of XX opening at the ankle joint and negative to minimal XX joint changes. It was noted that the claimant had attended physical therapy but had to discontinue due to worsening instability, but there is no documentation to support the amount treatment sessions attended. There are no objective clinical findings of positive XX XX XX. No XX x-rays of the XX ankle were made available for review. Also, the guidelines do not support the use of XX XX. The request for XX ankle XX XX repair, XX of XX XX, and XX XX is not certified."*

On XXXX appealed the denial of necessary surgical intervention to cure a compensable work-related injury and of its limitation of the compensable injury. XXXX reported the patient XX XXXX ankle. The patient had been diagnosed with XX of multiple XX in the

ankle. XXXX had undergone conservative treatments including immobilization, icing, non-steroidal anti-inflammatory drugs (NSAIDs) therapy and work restrictions. After almost two months of conservative treatment, the ankle continued to be painful, to swell and was unstable when not immobilized. XXXX opined that the abnormal findings on the MRI were most likely caused by the compensable injury on XXXX. The patient had failed conservative treatment strategies. An orthopedic surgeon had recommended ankle surgical reconstruction, as the joint was unstable, unable to support weight bearing and would not heal properly on its own.

Per adverse determination letter dated XXXX, a request for repair, primary, disrupted ligament, ankle, XX XX XX and XX of XX bone was denied based on the following rationale: *"As outlined in the Official Disability Guidelines, surgery is indicated for a Grade III level sprain. The clinical record indicates the severity of this injury is XX XX. Additionally, while understanding there was immobilization, it is not clear the type and nature and outcome of the physical therapy protocol was obtained, particularly when noting that the injured individual failed to participate. Additionally, the physical examination did not identify a significant positive XX XX, did not present stress terms of the ankle, and there were minimal changes reported on plane from. Therefore, when considering each of the criterion outlined in the Official Disability Guidelines, there is a clinical information presented to support the request. Furthermore, I spoke with XXXX, who stated the patient significant XX XX. MRI showed XX XX and XX of the XX XX. There is a huge XX XX. The patient had PT, a XX, and XX. The patient has weight bearing x-rays, which shows XX XX. After this discussion, the patient did not have injections or XX x-rays. Therefore, they have not exhausted non-operative treatment, nor do they have XX x-rays to support the need for these procedures, therefore, the entire request remains not medically necessary."*

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

The requested procedures do not appear to be medically reasonable or necessary, as the two previous preauthorization denials appear to have been properly formulated.

ODG clearly cites criteria for XX XX reconstruction. The surgeon had documented subjective pain and swelling. The surgeon documented a positive XX XX, but positive XX suggestive of underlying XX ankle instability. The surgeon has not ruled out chronic XX ankle instability as the source of symptoms and findings. Finally, the surgeon has not provided XX x-rays to meet ODG criteria.

Despite the appeal letter, several issues remain unresolved including the exact amount

and degree of immobilization, the exact amount and type of rehab, and the exact MRI findings that are solely and only attributable to the Producing Cause MOI (ie: not possibly related to some cause other than acute trauma from the Producing Cause MOI). For example, chronic XX XX can lead to XX ankle instability without injury; this would seem to explain the XX XX XX XX. Furthermore, there is a large time gap between the DOI and the first evaluation by the surgeon that remains unexplained.

ODG is silent on XX of XX XX and XX XX, most likely due the fact that the conditions that would necessitate these surgeries are not typically work-related.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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