



**MEDICAL EVALUATORS  
OF TEXAS ASO, LLC.**

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**DATE OF REVIEW: January 15, 2019**

**IRO CASE #: XX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

XX Ankle Reconstruction, Outpatient Surgery

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO  
REVIEWED THE DECISION**

This case was reviewed by a physician board-certified in Orthopedic Surgery who is currently licensed and practicing in the State of Texas.

**REVIEW OUTCOME**

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

Upheld

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX-year-old XX who was injured on XX when XX was XX causing XX to XX and XX XX causing XX XX ankle to give way in an inverted position. Initial visit note by XX dated XX documented the claimant complained of XX ankle pain and rated XX pain as an XX/10. The pain was felt all day and was aggravated by walking and weight bearing. Resting and elevating leg alleviated pain. The claimant was reported to be in a half height boot and crutches. Objective findings on exam included XX pain on palpation of the XX arch, heel, Achilles and XX foot. There was pain on range of motion of XX ankle. There was acute on chronic XX of the XX foot and XX noted. The claimant was recommended to discontinue crutches and begin stretching exercises, apply ice after stretching and begin physical therapy. The claimant participated in physical therapy program at XX from XX to XX.

Follow up progress note by XX dated XX documented the claimant presented for XX ankle pain. Objective findings on physical exam of XX ankle/foot revealed exquisite tenderness over the XX XX XX (XX), very mild tenderness over the XX, no tenderness over the rest of the foot. There were positive anterior drawer and inversion tests, both positive with apprehension and pain. Sensation was good. Pulses and capillary refill were brisk. Alignment of XX foot was good. X-rays revealed no degenerative changes in the ankle with good alignment, no evidence of current or old bony injury, no soft tissue masses, and no vascular markings. On XX XX foot films, abnormality at the XX appeared to be an incomplete coalition of bones but there was not a solid fusion, there was XX, coalition finding but without any of the secondary changes that would almost assuredly have occurred by age XX. The claimant was diagnosed with instability of the XX ankle



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joint. The claimant was recommended XX had not been adequately immobilized in XX half height XX and ordered XX be placed in a full height XX.

Progress note by XX dated XX documented the claimant has longstanding history of chronic XX pain going back XX months. The claimant was fitted with a full height XX and was doing well until XX felt XX ankle locked and caught while showering XX XX ago causing XX to fall. The claimant has had increased pain and swelling in the ankle and had trouble walking. Objective findings on XX ankle exam revealed tenderness particularly over XX (XX), XX, and up to XX XX shaft. There was positive anterior drawer and inversion testing all associated with pain. XX was somewhat difficult to evaluate given XX guarding. There was XX+ swelling and XX about the ankle. There was good XX refill and 2+ XX and XX. Given new mechanical episodes of catching and locking, MRI of the XX ankle was recommended. The next step of treatment recommended was an Examination Under Anesthesia (EUA) with ankle reconstruction.

The MRI of the XX ankle dated XX revealed “chronic high-grade near full thickness tear of the XX without significant XX, chronic sprain of the XX and possibly XX, minimal grade XX sprain of the deep fibers of the XX, XX, minimal XX of the XX, and mild-to-moderate XX with associated XX.

The most recent progress note by XX dated XX documented the claimant presented for follow up of XX ankle pain. The claimant will proceed with an XX that may alter the surgical plan. The claimant will be immobilized in a cast for at least XX weeks and follow up recommended after XX weeks interval. No physical examination documented during this visit.

Prior UR letter dated XX denied the request for coverage of XX ankle reconstruction, outpatient surgery because “submitted documentation still did not provide recent complaints of instability to the XX ankle and there remained no clear evidence the patient has had physical therapy to the XX ankle before consideration of surgery. As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested ankle reconstruction surgery is non-certified.” UR decision was based on ODG, Ankle and Foot, Guidelines.

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

The claimant is a XX-year-old XX diagnosed with XX of XX ankle following an injury on XX and the request is for coverage of XX ankle reconstruction.

According to the review of medical records, the claimant continues to report chronic XX ankle pain and swelling with difficulty walking. The physical exam on progress note dated XX documented positive inversion and drawer testing with pain, but laxity was difficult to evaluate due to guarding. Subsequent progress notes dated XX, XX and XX documented no updated physical exam findings to determine if there is evidence of positive objective



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clinical findings or further explanation of indications for surgery. According to the Official Disability Guidelines (ODG), the criteria for ankle reconstruction for chronic XX or acute sprain/strain inversion injury require positive imaging clinical findings on stress x-rays identifying motion at ankle or XX joint, which is not documented in the submitted records. Additionally, the most updated progress note dated XX documented the claimant to be immobilized in a cast for at least XX weeks, which indicates non-operative management is still not exhausted. Thus, the submitted documentation did not meet all the ODG criteria for XX ankle reconstruction. An updated subjective complaints and current physical findings with continued objective instability and failure of conservative care are needed prior to consideration of surgical intervention. Therefore, based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for coverage of XX ankle reconstruction, outpatient surgery is not medically necessary and appropriate.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**Ankle and Foot (updated XX)**

**Surgery for ankle sprains**

**ODG Indications for Surgery™ -- XX XX ankle reconstruction:**

XX

**XX XX ankle reconstruction (surgery)**

XX

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a XX to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your XX to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*