

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient with a history of a number of previous injuries. The Designated Doctor noted that the injury was limited to a low grade sprain of the lateral ankle. This determination was made after notation of a knee injury, ankle surgery, reported radiculopathy, several additional foot surgeries and a notation that maximum medical improvement had been reached.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Subsequent to this determination, the requesting provider wanted to obtain a repeat MRI to evaluate a soft tissue lesion in the foot. There were complaints of pain but no objective parameters were noted. Surgery to remove a neuroma and heel spur. There is no objective data to suggest a neuroma in the heel, nor any radiographic data to suggest a heel spur. At follow-up, the heel pain was noted to be bilateral. A steroid injection was performed.

As noted in the Division mandated Official Disability Guidelines there is no clinical indication for the removal of these items when noting the medical records. Further, these are ordinary disease of life maladies. Therefore, this request is non-certified due to lack of medical necessity.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES