

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient MRI arthrogram on left ankle

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines

Office notes, Dr. 4/7/09, 06/16/09

Adverse Determination Letters, 05/13/09, 06/22/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a left ankle injury when he stepped off a bus and into a hole. He treated conservatively with therapy and an MRI on 03/03/09 of the left ankle was reportedly normal. Examination on 04/07/09 noted continued discomfort over the superior/inferior peroneal retinaculum. A left ankle MRI arthrogram was requested and non-certified. An office visit on 06/16/09 indicated the claimant had seen a podiatrist and placed in a boot with some reported relief of pain. Exam noted discomfort over the retro-fibular area and the claimant subluxed the peroneal tendons in plantar flexion and inversion. A therapeutic injection was administered and the MRI arthrogram again requested and non-certified.

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

Records indicate the MRI of the left ankle performed much closer in time to this injury was "normal". This imaging study would have included evaluation of the peroneal tendons. The

requested arthrographic study would not specifically address the peroneal tendons. I would agree with the carrier's determination in this case. The reviewer finds that medical necessity does not exist for Outpatient MRI arthrogram on left ankle.

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

ACOEM-AMERICA 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)

Orthopedic Sports Medicine, Principles and Practice, DeLee, Drez, Miller
2nd edition, 2003, Chapter 16, page 581, 584-585

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)