



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-11-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the right ankle and right great toe

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

American Board of Orthopaedic Surgery-Board Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 7-21-08 Occupational Medicine Service visit.
- 7-21-08 X-rays of the right foot and right ankle.
- 8-1-08 DO., office visit.
- 9-1-09 DC., office visit.
- 9-30-09 MD., Utilization Review.
- 10-12-09 DC., letter.
- 10-27-09 MD., Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the claimant was seen at Occupational Medicine Service. The claimant had an injury to the right foot. It is swollen and black. The claimant was referred for x-rays. He was provided with crutches, referred to ortho and given a prescription for Vicodin ES.

X-rays of the right foot dated xx/xx/xx shows comminuted fracture of proximal phalanx of first toe. X-rays of the right ankle shows metallic appliances at distal fibula with possible malposition of two screws. Screws in medial malleolus appear in place.

On 8-1-08 DO., evaluated the claimant. The claimant complains of right foot pain from a pipe injury on xx/xx/xx. The claimant ambulates with bicrutch assisting device. The evaluator noted the claimant had a closed interarticular fracture first proximal phalanx right foot and soft tissue crush injury to the right forefoot. The evaluator recommended conservative treatment.

On 9-1-09, the claimant was evaluated by DC., the claimant is complaining of pain, stiffness and swelling of the left ankle and proximal great toe of the right lower extremity. The claimant also stated that he gets on and off numbness and tingling at the proximal great toe of the tight lower extremity. He also reports that the ankle feels unstable. The claimant reported that he was wheeling a tight weight 500 to 800 lbs that was not leaded properly. The pipe fell off and landed on his right foot. He had immediate pain. The claimant was taken off work. He underwent examination. The

claimant was placed on light duty. The claimant was then referred to Dr. who provided treatment. Treatment was discontinued on 12-11-08. The claimant had a Designated Doctor Evaluation and was awarded 2% rating. On exam, DTR were +2/5. Motor exam was normal. There was weakness at the right ankle dorsiflexion and plantar flexion. No sensory was noted except of numbness in the proximal great toe of the right lower extremity. There was tenderness on the posterolateral aspect of the left malleolus as well as anteriorly at the talofibular joint. There was tenderness to palpation noted at the proximal great toe of the right lower extremity. The evaluator recommended MRI of the right ankle and right great toe. The evaluator recommended that depending on the MRI/CT findings, an orthopedic evaluation may be necessary. The claimant was taken off work for the next 30 days.

9-30-09 MD., performed a Utilization Review. The evaluator reported that the necessity for a MRI of the great toe and right ankle is not validated. The evaluator reported that given that the patient was already considered to be at MMI, the need to proceed with the request was not validated by the medical records.

10-12-09 DC., notes that the rationale for ordering an MRI/CT of the right great toe is as follows: the claimant is still experiencing severe pain and burning in the proximal right great toe after prolonged walking. The question remains that, after an injury to the right great toe and ankle in xx/xx/xx, why the patient continues to have bruising and severe pain after walking. The evaluator reported that an MRI/CT of the great toe will reveal any structural or mechanical pathology.

10-27-09 MD., performed a Utilization Review. The evaluator reported that the necessity of an MRI versus plain film x-rays is not supported. The patient is over xxxx year post date of injury. He is reported to have developed bruising after walking and has pain. Given that it is over xxxx-year post date of injury this does not appear to be related to the original injury. There is no comprehensive assessment of conservative treatment completed to date to establish that the patient has exhausted lower levels of care as required by the ODG. Given the current clinical data, the requested MRI does not meet any of the ODG criteria MRI of the foot and therefore is not indicated as medically necessary.

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

The claimant is now over xxxx year post injury. The necessity for an MRI of the ankle and Great Toe cannot be supported from the current documentation. It is not medically probable bruising of the great toe and/or ankle/foot would be related to an injury over xxxx year ago. There were no objective findings at the time of the injury in xxxx to support a claim for a ligament injury. Therefore, I would recommend against an MRI of the ankle and Great Toe.

ODG-TWC, last update 11-6-09 Occupational Disorders of the ankle and foot

– **MRI**: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. (Narvaez, 2000) MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. (Tocci, 2007) See also ACR Appropriateness Criteria™.

Indications for imaging -- MRI (magnetic resonance imaging):

- o Chronic ankle pain, suspected osteochondral injury, plain films normal
- o Chronic ankle pain, suspected tendinopathy, plain films normal
- o Chronic ankle pain, pain of uncertain etiology, plain films normal
- o Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
- o Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
- o Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
- o Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected
- o Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically

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)