Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat MRI Left Foot/Ankle w/o contrast

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 8/6/09, 9/1/09
Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Ankle and Foot: Magnetic resonance imaging (MRI)
MRI left ankle, 12/06/07
EMG/NCS, 08/21/08
Office notes, Dr. , 10/13/08, 03/11/09
Office note, Dr. , 06/24/09, 07/27/09
Office notes, Dr. , 03/19/09, 04/01/09, 05/28/09
Three phase bone scan, 07/13/90
LLE Doppler US, 07/13/09
Work status report, 08/24/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male claimant who reportedly sustained a crush injury to his left ankle in xx/xx/xx. A left ankle MRI performed on 12/06/07 showed suspected mild cortical depression along the anterior and mid aspect of the dorsal talus suggestive of a healing fracture. Additional suspected fractures along the distal aspect of the cuboid as well as at the base of the fourth metatarsal and multifocal areas of associated marrow edema likely representing areas of bone bruising were also present; tears of the anterior talofibular ligaments and calcaneofibular ligament ; peroneal retinacular sprain with associated anterior subluxation of the peroneus longus tendon relative to the malleolus ; peroneus longus and peroneus brevis

tendinopathy; fluid signal along the posterior tibialis tendon sheath likely reactive to the trauma ; deltoid ligament sprain; and circumscribed cystic appearing lesion eccentrically within the distal lateral tibial metaphysis with an adjacent soft tissue T2 hyperintense lesion.

Physician records of June 2009 noted the claimant with continued left foot and ankle pain associated with numbness and tingling in the left foot despite treatment that included mediations and physical therapy. The claimant was diagnosed with resultant fracture tenderness and soft tissue mass within the lateral tibial metaphysis with painful neuropathy. Records in the case indicate that an osteochondral loose body could have developed from the corticle depression fracture of the talus seen in December 2007. An updated MRI of the ankle and foot was recommended to further clarify the cause of pain.

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

This is a complex case where a December 2007 MRI revealed fractures of the talus and possibly the cuboid and fourth metatarsal base. There are ongoing complaints despite analgesics. Records in the case indicate that an osteochondral loose body could have developed from the corticle depression fracture of the talus seen in December 2007, and that this could account for the ongoing complaints. Further plain films would not necessarily change the plan. The fact that the bone scan of July 2009 was normal from the standpoint of the ankle is more meaningful than a negative plain film and would satisfy the intent of the ODG guidelines. That is, there are chronic complaints, an injury which certainly may explain those complaints documented in the past, and a negative recent imaging study. I must respectfully disagree with the previous determination in this case. I would consider the MRI medically necessary in the evaluation of this particular pathology. The reviewer finds that medical necessity exists for Repeat MRI Left Foot/Ankle w/o contrast.

Official Disability Guidelines Treatment in Worker’s Comp 2009 Updates, Ankle and Foot: Magnetic resonance imaging (MRI)

Indications for imaging -- MRI (magnetic resonance imaging)

Chronic ankle pain, suspected osteochondral injury, plain films normal

Chronic ankle pain, suspected tendinopathy, plain films normal

Chronic ankle pain, pain of uncertain etiology, plain films normal

Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular

Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable

Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome

Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected

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-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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)