

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/29/10

**IRO CASE NO.:**

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

Item in dispute:

APPEAL:CT scan of the right foot

Request Received Date: 09/27/2010

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

Texas Board Certified Orthopedic Surgeon

Texas Board Certified Orthopedic Sports Medicine

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 07/08/10 - Clinical Note - DPM
2. 07/22/10 - Clinical Note - DPM
3. 08/18/10 - Clinical Note - DPM
4. 09/22/10 - Clinical Note - DPM
5. 09/27/10 - Utilization Review
6. 10/04/10 - Utilization Review
7. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a male who sustained an injury on xx/xx/xx when several doors he was carrying on a dolly fell on his foot.

The clinical notes begin with an evaluation on 07/08/10 by Dr.. The claimant was wearing a pneumatic fracture walker boot. Physical examination revealed palpable pedal pulses. The feet felt warm to the touch. The right foot was edematous to the midfoot in the ankle. There was pain to palpation over the first, second, and third metatarsal cuneiform joints with direct palpation and with medial and lateral stress.

There was no pain at the level of the metatarsal phalangeal joints. There was minimal pain with range of motion of the ankle with no locking or clicking. Radiographs of the right foot demonstrated a small avulsion fleck fracture at the second metatarsal base with no distinct widening between the first and second metatarsal or the second metatarsal and medial cuneiform. The claimant was assessed with ankle sprain/strain and close ankle fracture. The claimant was recommended for MRI of the right ankle.

The claimant saw Dr. on 07/22/10. Physical examination was unchanged. The claimant was recommended for MRI of the right ankle.

The claimant saw Dr. on 08/18/10. The note stated an MRI of the right ankle stated the Lisfranc joint was poorly visualized, but no dislocation was noted. The claimant reported mild improvement. Physical examination was unchanged. Dr. was not satisfied with the MRI study as he was specifically looking for Lisfranc joint pathology. The claimant was advised to follow-up in four weeks.

The claimant saw Dr. on 09/22/10. The claimant reported right ankle pain when out of the walker boot. There was no pain when the ankle was immobilized. The claimant stated the ankle and foot swell throughout the day. Physical examination revealed the right foot was edematous. There was pain to palpation over the first through fifth metatarsal bases and mid shaft metatarsals. Stress to the midfoot did cause pain. There was minimal pain with range of motion of the ankle with no locking or clicking. Radiographs of the ankle demonstrated medial talar dome lucency with fragment that appeared in proper position. Radiographs of the right foot demonstrated no distinct widening between the first and second metatarsal or the second metatarsal and medial cuneiform. The claimant was assessed with ankle sprain/strain and closed ankle fracture. The claimant was provided a new pneumatic fracture walker boot. The claimant was recommended for MRI and CT of the right foot.

The request for CT scan of the right foot was denied by utilization review on 09/27/10 due to recent MRI studies. It was unclear what advantage would be had by repeating the study with CT.

The request for CT scan of the right foot was denied by utilization review on 10/04/10 due to recent MRI studies and no evidence of significant change on examination indicating a change in pathology.

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

The requested CT study of the right foot is not recommended as medically necessary. The claimant had undergone recent MRI studies which revealed no evidence of dislocation of the Lisfranc joint. Recent radiograph studies indicated no persistent or worsening nonunion of the fracture at the medial talar dome. The claimant had minimal findings on the most recent examinations and no new change in objective findings was noted that would reasonably require updated CT studies of the right foot.

Given the most recent imaging findings and the claimant's unchanged examinations, medical necessity for the request is not supported.

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

1. *Official Disability Guidelines*, Online Version, Ankle & Foot Chapter