

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 01/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI left ankle

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the repeat MRI of the left ankle is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/14/11
- Letter of Utilization Review Determination – 12/23/10, 01/10/11

- Office visit notes by Dr. – 02/17/10 to 12/17/10
- Physical therapy discharge note – 10/20/10
- Physical therapy notes – 08/31/10 to 09/21/10
- Operative note by Dr. – 05/20/10
- One page of chart note, unsigned and undated
- Patient questionnaire from unknown provider – 02/17/10
- Report of MRI of the left ankle – 03/03/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she suffered an inversion injury to the left ankle. An MRI performed on 03/03/10 revealed “Osteochondral lesions of the posterolateral aspect of the tibia and medial superior aspect of the talus at the level of the tibiotalar joint”. The patient has been treated with physical therapy and surgery and the treating physician is recommending that the patient have a repeat MRI of the left ankle.

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

The patient sustained an injury to ankle in xx/xx when she had an osteochondral fracture and some loose bodies. She also suffered ankle ligamentous injury that was reconstructed surgically in May of 2010. Post surgical she did well and is stable, although she does wear a lace up ankle support. Her complaints have been minimal. She has only minimal loss of range of motion of her ankle and the last 2-3 degrees of dorsiflexion. She has good plantar flexion and she has good inversion and eversion. With her ankle stable and no increase or change in symptomatology, she does not meet the guidelines for a repeat MRI of the ankle.

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)