I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right ankle MRI without contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, 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
Official Disability Guidelines
01/18/11, 01/27/11
Dr. 08/24/09, 08/31/09, 09/08/09, 09/14/09, 09/22/09, 09/29/09, 10/06/09, 11/10/09
Dr. 01/10/11, 02/07/11
X-ray right ankle, 08/24/09
MRI right ankle, 09/18/09
Patient History, 09/24/09
Physical Therapy records dated 10/06/09-12/01/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male claimant who reportedly sustained a right ankle twisting injury in xx/xx/xx when he fell from a ladder. The claimant was initially diagnosed with a right ankle sprain and treated conservatively with rest, ice, elevation, medication limited activity, and ankle injection. A right ankle MRI performed on 09/18/09 showed no fracture or other acute osseous abnormalities, a small tibiotalar and subtalar joint effusion, mild tendinosis and partial tear of the posterior tibial tendon near the navicular insertion, and no disruption of the ligaments of the ankle with a likely mild sprain of the anterior talofibular ligament and calcaneal fibular ligament. Follow up physician records of 2009 noted the claimant somewhat better after attending physical therapy and the claimant was released to full activity.

The claimant was evaluated again on 01/10/11 for moderate ankle pain aggravated by standing, walking, bending, squatting and exercise. Lateral and gutter ankle tenderness was noted on examination along with Achilles tendon and peroneus longus and brevis tenderness. Right ankle x-rays on the visit showed no fracture, dislocation, well-preserved joint spaces and normal alignment. A likely peroneal tear as well as anterior impingement was diagnosed. A follow up physician record of 02/07/11 noted the claimant with worsening

pain. A new MRI was recommended to evaluate the peroneal tendons as well as the anterior ankle joint.

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

The reviewer finds there is a medical necessity for Right ankle MRI without contrast. The Official Disability Guidelines recommend MRI scan for chronic ankle pain of uncertain etiology including a suspected tendonopathy in the absence of abnormalities on plain x-rays. The guidelines state that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Records in this case document normal MRI one month after an injury in xx/xx Subsequently, this individual has continued to have persistent pain complaints for more than a year.

According to the records, suspicions are, based on the location of pain, that there may be an element of peroneal tendonitis. This individual's examination appears to be more peroneal tendinitis that was not previously described on an MRI scan more than a year earlier. The development of tendinitis related to the injury may not have occurred in proximity to the injury to the point that it would have been seen on previous MRI.

Based on the long history of conservative care, findings on examination that would strongly suggest peroneal tendinitis and in consideration of the Official Disability Guidelines the recommendation for repeat MRI in this setting is medically necessary. The study is likely to assist in further treatment plans. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)