

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/12/2011

**IRO CASE #:**

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

MRI of the left ankle

**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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Utilization review notification of determination 01/20/11 regarding non-certification MRI left ankle

Utilization review notification of determination regarding non-certification reconsideration request MRI left ankle 02/14/11

Office notes 11/03/10-02/01/11

Office notes 11/03/10-01/06/11

Prior notification of proposed treatment 11/12/10 regarding request for approval MRI left ankle

Facsimile cover sheet 02/04/11

Redetermination of request left ankle MRI 02/04/11

Medical records/peer review 01/18/11

Clinic 11/3/10

Clinic 11/3/10-2/4/11

Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a XX year-old male whose date of injury is XX/XX/19XX. Records note the mechanism of injury as the injured employee fell from a ladder and injured the left ankle. According to medical records reviewed dated 01/18/11, x-rays of left ankle were unremarkable, and MRI of left ankle revealed degenerative signal change of medial talar dome subchondral bone and otherwise unremarkable for acute injury. The patient apparently underwent surgical intervention on 07/14/XX with left ankle arthroscopy followed by open "curling" of medial talar dome, release of deep peroneum nerve, arthroplasty with exostectomy of dorsal talonavicular joint, tarsal tunnel release, and deltoid ligament repair. The patient presented on 11/03/10 to Dr. for orthopedic evaluation. Physical examination of left ankle revealed skin to be pink, warm and dry with no evidence of erythema, ecchymosis,

or swelling. Anterior scar was present as well as medial scar over posterior tibialis tendon. The patient has full range of motion. There was tenderness over the ankle joint with palpation, worse anterior lateral ankle with palpation. No swelling was noted. The patient was neurovascularly intact. Posterior tibialis strength was within normal limits, but elicits discomfort. X-rays of the left ankle were obtained on this date and were noted to demonstrate good preservation of joint space. There does appear to be possible osteochondral defect in medial talar dome. The patient was provided cortisone injection. The patient was seen in follow-up on 11/10/10 and reported he felt great the day after cortisone injection. He continues to complain of some anterior and anteromedial ankle discomfort with any weightbearing activity.

Examination of the left ankle revealed tenderness anteriorly and anterolateral with firm palpation. There was pain with range of motion, pain with inversion. There was limited dorsiflexion with tight gastroc. There was discomfort with dorsiflexion. No swelling was noted. The patient was recommended for approval for CAM boot to limit motion of left ankle and improve discomfort, and approval for MRI left ankle to further evaluate symptomatology.

A request for left ankle MRI was reviewed on 01/20/11 by Dr. who determined the request to be non-certified. Dr. noted the injured employee had an accident when he fell from ladder and injured his left ankle. He had surgery with posterior tibialis tendon repair with decompression of peroneal nerve. He also reported possible osteochondral defect requiring drilling in the ankle. The patient states he was never perfect after surgery and symptoms have worsened over the last year. He has attempted numerous medications without improvement. Dr. noted that no plain film analysis was noted and the reports of past imaging studies were not available for review. At present it was not clear that repeat study meets ODG criteria.

A reconsideration / appeal request was reviewed by Dr. on 02/14/11. Dr. determined the reconsideration request for MRI of left ankle to be non-certified. Dr. noted the patient had posterior tibialis tendon repair with decompression of the peroneal nerve, but the operative report was not included for review to evaluate intraoperative findings. Per clinical report dated 12/10/10 the patient complains of left ankle pain. On physical examination there was tenderness over the anterior and anteromedial ankle with firm palpation. The MRI of left ankle revealed degenerative signal in medial talar dome subchondral bone, otherwise study was unremarkable for acute injury. However, Dr. noted the official result of MRI was not included for review. Furthermore, Dr. noted repeat MRI is not routinely recommended and should be reserved for findings of significant pathology. As such, the requested appeal was not fully established.

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

This is an injury that occurred in 19XX – almost XX years ago. The patient had surgery in 07/XX with posterior tibialis tendon repair and decompression of peroneal nerve. A previous MRI was noted to show degenerative signal change in medial talar dome subchondral bone and otherwise unremarkable study for acute injury, but the radiology report was not provided. There is no comprehensive history of treatment completed following surgical intervention until the patient presented in 11/10. The most recent physical examination revealed tenderness over the anterior and anteromedial ankle with firm palpation. Given the current clinical data, medical necessity is not established. This reviewer agrees with the previous reviewers. The reviewer finds there is not medical necessity at this time for MRI of the left ankle.

**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

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)