

SENT VIA EMAIL OR FAX ON  
Oct/20/2011

## True Resolutions Inc.

An Independent Review Organization  
500 E. 4th St., PMB 352  
Austin, TX 78701  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/19/2011

**IRO CASE #:**

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

Triple Phase Bone Scan, Right Foot/Ankle

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

Orthopedic Surgery

**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**

OD Guidelines

Request for IRO dated 10/03/11

Utilization review determination dated 09/12/11, 09/30/11

MR/CT of the lower extremity dated 12/31/10

Clinical records Dr. dated 03/02/11, 03/09/11, 03/16/11, 06/20/11, 07/20/11, 08/22/11, 09/07/11, 09/09/11, 09/23/11, 10/10/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who reports sustaining work-related injuries on xx/xx/xx. On this date, he was reported to be involved in an MVA while working as a photographer for Lifetime. He has undergone multiple surgeries. In 05/20/10, he underwent open treatment for nonunion of a talar fracture through medial malleolar osteotomy. He later underwent a hardware revision. He does not feel like he ever made full recovery and his symptoms are reported to have worsened. He underwent CT scan on 12/31/10, which indicated a healing fracture of the medial malleolus status post surgical fixation. Osseous union was incomplete. There is a step-off of the medial distal articular surface of the tibia approximately 4 mm medially. There is a suspected small bone fragment present with tibiotalar joint. There is progressive tibiotalar joint space narrowing and osteophyte formation and developing slight flattening of the talar dome, likely posttraumatic and degenerative. There are subchondral cystic changes and/or erosions seen. There is a near-complete osseous union of the fracture of the talus status post internal fixation. There is evidence of disuse of osteopenia. There is moderate subcutaneous edema noted medially. His past surgical history includes arthroscopy of the

right ankle, right knee, left elbow, left shoulder, splenectomy, ORIF of acetabular fracture, right hip ORIF, bilateral pneumothorax, three ankle surgeries, kidney repair, bladder repair, and rib fracture of fragment excision, ORIF of a left forearm fracture. He is noted to have an antalgic gait with moderate restrictions in range of motion of the ankle and mild of the subtalar joint. The claimant subsequently was recommended to undergo additional conservative treatment and a series of diagnostic injections. He was seen on 03/09/11, he reports 30-40% improvement of his symptoms following his ankle joint injection. He subsequently was offered a subtalar joint injection. When seen on follow-up on 03/16/11, the claimant had minimal improvement leading to the conclusion that the majority of his pain is in the ankle joint. The claimant was subsequently seen on follow-up on 06/20/11 and was being weaned out of a cast boot and recommended to perform range of motion exercises, and he was referred for formal physical therapy. The claimant was offered different treatment options, which included injection into the subtalar joint or subsequent subtalar fusion and gastroc recession. On 09/23/11, it is reported that the request for subtalar fusion was denied because the claimant had not tried an ankle brace, and he did not have enough objective evidence of subtalar degenerative joint disease such as a bone scan. It is noted that a request was placed for bone scan and ankle brace, and this was denied. On 10/10/11, the claimant was noted to have undergone additional injection, which gave him 99% pain relief for six hours. He has been weightbearing in a walking boot with the use of a cane. His bone scan as well as ankle brace were denied for a second time. He has painful passive range of motion of the subtalar joint.

The initial appeal of the request was reviewed on 09/12/11 by Dr. Dr. notes that the claimant underwent a right total ankle replacement on 04/12/11 that the claimant complains of persistent pain at the sinus tarsi and lateral subtalar joint. He notes that this request is for triple-phase bone scan of the right foot and ankle, however, there is no report pertaining to suspicion for tumorous fractures, infections, or complex regional pain syndrome that would necessitate this study. He notes that there was no identified clear-cut rationale or treatment plan requiring further investigation. He notes that the radiologist's report of a plain radiograph, which could reveal the need for this more advanced imaging modality was not submitted for review.

On 09/30/11, the appeal request was reviewed by Dr. Dr. non-certified the request. He notes the clinical history and the pertinent physical findings include a mildly antalgic gait, painful passive range of motion of the subtalar joint and ankle. He finds that the request is not medically necessary. He notes that x-rays of the right ankle show the prosthesis is without evidence of subsidence. Alignment is acceptable in AP and lateral planes. Narrowing of the subtalar joint space posteriorly. However, there is no report pertaining to the suspicion for tumorous fractures, infections, or complex regional pain syndrome that would necessitate this study. He further notes that pharmacotherapy is not adequately discussed and therefore the medical necessity of the request is not established.

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

The request for triple-phase bone scan of the right foot ankle is deemed medically necessary and previous utilization review determinations are overturned. The submitted clinical record indicates that the claimant's multitrauma as the result of a motor vehicle accident. He is status post total ankle replacement. He has undergone multiple surgeries and the record clearly shows that the claimant most likely is symptomatic from subtalar joint. The provider has been previously recommended under utilization review to provide more definitive information regarding the status of the subtalar joint and to essentially prove the presence of degenerative disease at the joint. Plain radiographs and advanced imaging have been performed. However, triple-phase bone scan is required to definitively make the diagnosis and to establish whether the claimant is a surgical candidate. Based on the totality of the data presented, the request is medically necessary.

**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)