SENT VIA EMAIL OR FAX ON
Oct/21/2011

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/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cortisone Injection to Right Foot

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Cover sheet and working documents
Utilization review determination dated 09/21/11, 09/30/11
Peer review dated 09/02/11
Office visit note dated 09/14/11, 04/27/11, 02/25/11
MRI right foot dated 09/10/10

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. On this date the patient xx when a table dropped on her foot. MRI of the right foot dated 09/10/10 revealed ganglion cyst along the dorsal and lateral aspect of the talonavicular joint, residing lateral to and not appearing to impress upon the deep peroneal neurovascular bundle; minimal degenerative change of the

dorsal aspect of the talonavicular joint with mild dorsal intertarsal ligament thickening. No marrow contusion or cortical fracture is seen; TMT joint alignment and Lisfranc ligament appear normal. Office visit note dated 02/25/11 indicate that the patient reports increased pain since 02/21/11 when she twisted her ankle twice while not wearing walking boot. Note dated 04/27/11 indicates that the patient underwent EMG/NCV (no report submitted for review), and the study is reported as negative. Peer review dated 09/02/11 indicates that treatment to date includes splinting, medication management, x-rays, Medrol DosePak, MRI and corticosteroid injections on 11/17/10. Diagnosis is listed as a resolved contusion of the right dorsal foot. The effects of the compensable injury are reported to have resolved and no further medical treatment is needed.

Initial request for cortisone injection to the right foot was non-certified on 09/21/11 noting that diagnosis is consistent with right dorsal foot contusion and EMG/NCV is normal. The denial was upheld on appeal dated 09/30/11 noting that there is no documentation of use of anti-inflammatory medication and no physical therapy notes were submitted for review. Physical examination findings are not clear and MRI findings are not significant for abnormality other than ganglion cyst.

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

Cortisone Injection to Right Foot is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of care. Peer review report dated 09/02/11 indicates that the patient’s diagnosis is resolved contusion of the right dorsal foot, and no further medical treatment is medically necessary as related to the compensable injury. MRI findings report a ganglion cyst and EMG/NCV testing is reported as negative. Given the current clinical data, the requested injection is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES