

Notice of Independent Review Decision

DATE OF REVIEW: 09/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRA of the right ankle:
73722 MRI joint of lower extremity with dye
27648 Injection for ankle x-ray
76005 Fluoroguide for spine inject

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

The TMF physician reviewer is board certified in orthopedic surgery 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 MRA of the right ankle: 73722 MRI joint of lower extremity with dye, 27648 Injection for ankle x-ray, and 76005 Fluoroguide for spine inject are medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 08/24/11
- Decision letter – 06/21/11, 06/28/11, 08/23/11
- Peer Review Report – 06/17/11, 08/19/11
- Request form MRI arthrogram of the right ankle – 06/07/11
- Office visit notes by Dr. – 02/15/10 to 06/07/11
- Office visit notes by Dr. – 07/22/10
- Prescription for physical therapy – 02/15/10
- Operative report by Dr. – 02/05/10
- Worker's Comp Verification form – 01/29/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she slipped, turned her ankle and suffered a bimalleolar ankle equivalent fracture. She underwent arthroscopic debridement of the right ankle with excision of a medial malleolus avulsion fragment, repair deltoid ligament, excision of anterior distal tibial osteochondral fragment, synovectomy and manipulation under anesthesia. She has suffered intermittent chronic ankle pain, stiffness and swelling. She has been treated with immobilization and medication but symptoms persist. There is a current request for an MRA (arthrography).

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

This patient satisfies the criteria in the ODG, 2010 ankle and foot chapter referring to "...chronic ankle pain, pain of uncertain etiology, plain films normal..." The addition of intra articular contrast material resulting in an MRA (arthrogram) is appropriate considering the patient's prior arthroscopy and debridement procedures.

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)