

SENT VIA EMAIL OR FAX ON  
Apr/20/2012

## Applied Assessments LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/19/2012

**IRO CASE #:**

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

MRI of left ankle and MRI of left lower extremity

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

Family Practice

**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 03/30/12

Utilization review determination 03/05/12

Utilization review determination 03/14/12

Clinical records 03/27/10-03/26/12

Radiographic report foot 03/02/12

Radiographic report ankle 03/02/12

Radiographic report tib fib 03/02/12

Letter of appeal 03/09/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained injuries to his left lower extremity on xx/xx/xx. The claimant was subsequently seen by on 02/27/12. He is noted to have decreased range of motion, pain and stiffness on physical examination. He was identified as having closed fracture of the lateral malleolus. Radiographs dated 03/02/12 note mid shaft fibular fracture and distal fibular fracture. Radiographs of the ankle are reported to show an ankle fracture. He is noted to have provided a walking boot. The record includes a letter of appeal from dated 03/09/12. He discusses x-rays performed on 03/02/12. He notes on examination there is decreased range of motion, joint pain, stiffness and swelling. He opines that the claimant needs an MRI to rule out any further damage to the bones which may not appear on plain x-ray and to rule out damage to the surrounding tendons in his ankle and leg. When seen in follow-up on 03/26/12 the claimant is reported to be a little bit better. He

remains in cast boot. He is not taking any meds.

The initial review was performed on 03/02/12 by who opines that the medical necessity of the request was not established noting that no x-rays were provided and medical necessity for the MRI relative to the Official Disability Guidelines criteria for either the ankle or lower extremity had not been met. The subsequent appeal review was performed on 03/13/12 by who non-certified the request and cites the Official Disability Guidelines. He notes that the claimant has an acute non-chronic injury diagnosed as closed fractures with no documentation of red flag concerns to establish the medical necessity for ankle and leg MRIs.

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

The request for MRI of the left ankle and MRI of the left lower extremity is not supported as medically necessary and the previous utilization review determinations are upheld. It would be noted that per the clinical record the claimant sustained closed fractures to the left ankle, mid shaft of the fibula and a distal fibula fracture. The imaging studies as submitted as well as the clinical notes do not provide an adequate description of the reported fractures. The reports as submitted would suggest that there was no displacement of any fracture fragments or pathology concerning for or pathology that would result in collateral damage to the muscular or tendinous structures. The claimant's recovery, while slow, is essentially unremarkable. The record does not contain any serial radiographs or other data which would be concerning or that would establish the medical necessity for MRI of the left ankle and left lower extremity.

**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)