

Notice of Independent Review Decision

REVIEWER'S REPORT

Date notice sent to all parties: July 27, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI, right ankle w/o contrast.

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

D.P.M., board certified by the American Board of Podiatric Surgery in Foot Surgery, Reconstructive Rear Foot and Ankle Surgery, fellow the American College of Foot and Ankle Surgeons, a licensed practitioner in the State of Texas

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
732.7	73421		Prosp.						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Certification of independence of the reviewer.
2. TDI case assignment.
3. Letters of denial 06/19/12 & 05/30/12, including screening criteria used in the denial.
4. Authorization requests 05/24/12 & 06/12/12.
5. MRI image report ankle-right, w/o contrast 01/19/11.
6. Treating doctor's office visit notes.08/01/11, 05/07/12 & 05/21/12.
7. MRI image report of right ankle 03/28/11 and right foot 03/28/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a work-related injury from xx/xx/xx that occurred during the pursuit of an auto theft suspect. The patient sustained an injury to the right ankle. He has had multiple procedures including arthroscopic surgeries, injections, and multiple imaging tests on this right ankle since that time.

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

Given the information available to me during this review, the medical documentation by the treating physician does not support the request for repeat MRI scan of this right ankle. The subjective complaints from the documentation do not support a significant change in symptoms or re-injury or other associated new pathology associated with this right ankle. The physical examination documentation is essentially unchanged during all three visits that were available for review. While there does appear to be significant pathology associated with this right ankle joint and its associated structures, the request for repeat MRI scan is not supported by a change in symptoms, both subjectively and objectively based on the notes available to me. Repeat MRI scan is generally not routinely recommended in the absence of these changes, and, therefore, the denial is upheld.

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)