



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 8/14/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an outpatient MRI of the right ankle.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an outpatient MRI of the right ankle.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: xxxx, xxxx and, MD.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxxx: 6/11/12 denial letter, 7/13/12 denial letter, 5/24/12 prescription from Dr. for MRI, 5/24/12 specific and subsequent report from Dr., and 7/5/12 letter of med necessity by Dr..

SORM: 8/1/12 letter by, index of documents from xxxxx, xxxxx report of injury 8/15/11, specific and subsequent reports by Dr. 8/16/11 to 5/24/12, 8/16/11 x-ray report by Dr., and 12/13/11 impairment evaluation by Dr..

Dr.: all documents received were duplicative of those listed above.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant's ankle reportedly gave out when walking, one year ago. Treatments have including bracing. Despite the ankle sprain diagnosis reportedly having healed by October 2011, as per the AP records from 5/12 and 7/12 (appeal); the claimant has complained of pain and bruising of the ankle as of May of 2012. The AP has expressed concern about relatedness of the "continuation of his previously sprained ankle that may not have healed properly..." This was noted to reference the ankle ligaments in particular. Denial letters discussed the lack of recent treatments attempts, examination and x-ray findings. Records were provided thru 11/15/11 (ankle motion from 10 dorsiflexion to 32 plantar flexion and then from 8 dorsiflexion to 40 plantar flexion on 5/24/12 (on the next available date of records provided.) The ankle was noted to be "stable" and with an effusion. On 12/13/11, an impairment evaluation noted almost no ankle pain complaints and an unremarkable examination (there was a stable non-swollen or tender ankle) with MMI having been reached, zero impairment applicable and without any indication for ongoing treatments.

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

Reference: ODG-Ankle Chapter-Indications for imaging -- MRI:

- o Chronic ankle pain, suspected osteochondral injury, plain films normal
- o Chronic ankle pain, suspected tendinopathy, plain films normal
- o Chronic ankle pain, pain of uncertain etiology, plain films normal o
Chronic foot pain, pain and tenderness over navicular tuberosity
unresponsive to conservative therapy, plain radiographs showed accessory
navicular
- o Chronic foot pain, athlete with pain and tenderness over tarsal navicular,
plain radiographs are unremarkable
- o Chronic foot pain, burning pain and paresthesias along the plantar surface
of the foot and toes, suspected of having tarsal tunnel syndrome
- o Chronic foot pain, pain in the 3-4 web space with radiation to the toes,
Morton's neuroma is clinically suspected
- o Chronic foot pain, young athlete presenting with localized pain at the
plantar aspect of the heel, plantar fasciitis is suspected clinically

- o Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.

Without “chronic ankle pain”, recent detailed subjective and objective findings supportive of “significant pathology”, and any ankle x-rays; the applicable ODG criteria for imaging has not been met. The very limited symptoms and exam abnormalities, stable ankle and large date range without apparent intervening or ongoing clinical issues further does not evidence reasonable criteria for the requested MRI at this time. Therefore, the requested service is found to not be medically necessary at this time.

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)