



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 1/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OPEN MRI OF THE PELVIS, ATTENTION RIGHT PLEXUS AND SCIATIC NERVE.

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

M.D. Board Certified in Occupational Medicine.

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

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	12/14/2011
Workers' Comp Services Utilization Review Determinations	8/18/2011 10/17/2011-10/31/2011
Request	10/12/2011
Office Visit Notes	7/25/2011-11/21/2011
Office Visit Note	10/25/2010
Diagnostic Electrodiagnostic Interpretation	5/16/2011



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X-Ray Request	10/12/2011
Imaging Right knee Arthrogram	8/18/2011
Extension Request Chronic Pain Management	2/10/2011 11/15/2011
Operative Reports	3/05/2009 3/23/2009 9/22/2009 10/27/2009
Texas Peer Review	9/22/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered a work related injury on xx/xx/xx when a ladder slipped and he fell from elevated height. His injuries included a right tibial plateau fracture, right avulsion fracture of the fibula and peroneal injury requiring a transfixation, stabilization of tibial plateau fracture with external fixation device on xx/xx/xx and removal of external fixation device/open reduction internal fixation on 3/23/09. EMG studies on 8/09 showed evidence of right peroneal nerve neuropathy at the popliteal fossa. Exploration/release of the right common peroneal nerve was performed on 10/27/09. He completed 36 sessions of physical therapy after ORIF procedure and 26 sessions after peroneal exploration surgery. On 10/25/10 he received a 17% impairment rating for his injuries.

On 12/6/10 patient still complains of right knee/ankle pain, decreased right foot sensory S1 dermatome. An MRI of the knee on 12/30/10 showed limited study due to hardware at proximal tibial with possible ACL tear.

EMG/NCV studies on 5/6/11 showed right sided sciatic neuropathy vs. sacral plexopathy.

The patient has right quadriceps weakness, abnormal gait due to foot drop, decreased foot sensation S1 dermatome right, patellar reflex 2/4 left ¼, right ankle reflex 2/4 and left 0/4. He is pending continued care as part of a chronic pain management program as stated by office notes on October and November 2011.

Based on EMG/NCV studies an open MRI of the pelvis has been requested.



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

Patient suffered a significant fall on xx/xx/xx with right tibial plateau fracture, right avulsion fibula fracture and peroneal injury requiring 3 surgical procedures. He was determined to be at MMI per DD 10/25/10. His findings include ongoing right leg numbness, pain to the right knee, shin and ankle and foot drop.

EMG studies were done 2 ½ years later, the physical exam summary provided by Dr. noted left sided injuries not consistent with the affected extremity (right side).

There is no working diagnosis in regards to the request for open MRI of the pelvis. There is no documentation of pelvic X-rays performed.

Patient condition is stable at this time. Patient was MMI 10/25/10.

Causes for sciatic neuropathy/sacral plexopathy fall into the category of non compensable.

An open MRI provides less resolution. It is considered a sub-optimal study.

Pelvic/hip MRI is justified when suspected osteonecrosis or stress fractures of pelvis/hip, soft tissue injuries, tumors, osteoid osteoma and hip labral tears may be present. None of these diagnoses are specified as possible or suspected in this patient. The vast majority of the above diagnoses are deemed non compensable based on mechanism of injury.

Due to all the above, at this time there does not seem to be enough criteria present to justify an open pelvic MRI for this patient.



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**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