

SENT VIA EMAIL OR FAX ON
Jan/11/2012

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the left ankle

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

Orthopedic Surgery

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 dated 12/20/11

Utilization review determination dated 12/08/11 and 12/21/11

Request for appeal dated 12/13/11

Clinical records, D.C. 06/15/11, 03/10/11

Clinic note DPM dated 06/09/11, 05/05/11, 06/09/11, 05/13/10

Letter D.C. dated 06/08/10

Clinic note Dr. dated 05/14/10, 05/03/10

MRI left foot dated 05/14/10

Left foot series dated 05/14/10

Radiographic report left ankle dated 07/08/08

Radiographic report left hip 07/08/08

Left knee series dated 07/08/08

Discharge summary dated 07/10/08

Clinic note DPM dated 11/28/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a crush injury to his left foot on xx/xx/xx. He is status post amputation of 1st, 2nd and 4th digit rays of left foot with skin grafting. Records indicate post injury the claimant had significant complications, which resulted in I&D and later skin graft placement on his foot when graft jacket would not work. He is reported to have over 50 treatments of hyperbaric oxygen. As a result of the circulation test they performed amputations of the 1st, 2nd, and 4th digits and rays of the left foot. Post-operatively he had a home health nurse and was followed by Dr. weekly. He was further followed by Dr., plastic surgeon. He later underwent fabrication of a shoe orthosis for his foot. He was noted to have chronic pain as a result of this condition and was ultimately recommended to participate in a chronic pain management program. Records indicate that the claimant is currently under the care of Dr. DPM. He reports his pain is of moderate severity. He has fairly generalized discomfort at the foot radiating to the ankle. On physical examination pain is localized to the second distal plantar flexed metatarsal head and metatarsal shaft on the plantar aspect of the forefoot. The second and third intermetatarsal space at the deep intermetatarsal ligament where a probable soft tissue mass is present on the anterior aspect of the ankle pain is localized to the medial gutter and joint effusion is noted. He is missing the first second and fourth digits. The claimant underwent a corticosteroid injection for an intermetatarsal neuroma. He subsequently has been recommended for an MRI.

The initial review was performed on 12/08/11 by Dr. who non-certified the request noting it is unclear as to why an MRI of the left ankle may provide benefit in this male who has traumatic injury. He notes it appears that most of his symptomatology is within his foot or forefoot.

The appeal request was reviewed by Dr. DPM who non-certified the request. A peer to peer was performed with Dr. in which he notes his diagnosis was intermetatarsal neuroma which was injected as well as joint pain and osteochondritis desiccans. Dr. reports that due to previous surgeries he is requesting MRI due to the previous surgeries on the left foot and wanted to have more information on the left ankle before proceeding with surgeries to restore the metatarsal parabola. He notes it is unclear why MRI of the left ankle would be of any benefit in the treatment and care. He notes that x-rays including several views can provide him the appropriate information and therefore an MRI is not indicated and is inappropriate.

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 is not supported as medically necessary and therefore the previous utilization review determinations are upheld. The available records indicate that the claimant sustained a crush injury and subsequent amputation of the first second and fourth toes of the left foot or raise of the left foot. Post-operatively the records indicate that the claimant has had chronic levels of pain and was previously recommended to a chronic pain management program. The claimant's primary complaints are in the forefoot and clearly are residuals of the work place event. There is no data in the clinical record, which indicates that the claimant has dysfunction of the left ankle. There's no evidence of limitations in range of motion or no documentation of progressive neurologic deficit that would warrant the performance of MRI of the left ankle. Based upon the submitted clinical records the request for MRI is not supported as medically necessary.

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)