SENT VIA EMAIL OR FAX ON
May/01/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI Left Ankle and Left Foot

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Cover sheet and working documents
Radiographic report left foot 5 views dated 10/04/10
Radiographic report left ankle 3 views dated 10/04/10
MRI left ankle without dye dated 12/03/10
MRI left foot without dye dated 12/03/10
Encounter notes Dr. dated 12/07/10-06/08/11
Encounter summaries Dr. dated 01/27/11and 03/03/11
Clinic notes Dr. DPM dated 05/28/11
Clinic notes Dr. dated 07/05/11-03/13/12
Utilization review determination dated 02/24/12
Utilization review determination dated 04/09/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured on xx/xx/xx when she slipped and turned her left

ankle underneath with inversion type sprain. Imaging studies revealed a partial chronic tear of anterior fibular ligament and anterior aspect of deltoid ligament which would explain multiple tiny chip fractures and soft tissue swelling about ankle on recent plain films. There is no displaced fracture. The claimant was treated with immobilization fracture boot x 5 months with crutch assist x 3 months. She was referred for physical therapy and transition to lace up ankle support. The claimant was seen for orthopedic evaluation on 07/05/11. Assessment was bilateral cavovarus feet with lateral column overload; avulsion fracture of base of 5th metatarsal. X-rays on 07/05/11 were noted to demonstrate avulsion fracture of base of 5th metatarsal, and mineralization at insertion of Achilles tendon and plantar fascia. There were spurs along dorsal talar neck. There are no acute bony injuries. There is no significant arthrosis. There does appear to be moderate sized arches with heel in varus. MRI was available for review dated 12/03/11 of left ankle without contrast which does not demonstrate any acute bony injuries. It does show chronic tear of ATFL ligament and anterior aspect of deltoid ligament. The claimant was seen for follow-up on 02/14/12 with persistent chronic pain to lateral aspect of left foot. MRI scan of foot and ankle were ordered to evaluate this pain for either stress fracture or pathology to peroneal tendons.

A preauthorization request for repeat left foot and ankle MRI was reviewed on 02/24/12 and recommended as non-certified. The reviewer noted the diagnosis provided is left foot deformity. Assessment is lateral column overload, persistent peroneal tendinitis and cavovarus feet. The claimant reported ongoing complaints of foot and ankle pain. On examination there is documentation over the fifth MT shaft, cuboid sinus tarsi and the peroneal tendons. The claimant reports pain with tip toe walking. 12/03/10 left ankle and foot MRI results were reviewed and shows chronic ATFL tear and anterior aspect of the deltoid. It was noted that the claimant has had both left foot and left ankle imaging after her occupational injury claim. The left ankle and foot anatomy and pathology has been previously well defined. Neither the claimant's subjective complaints nor the clinical examination findings have changed since prior imaging. Repeat imaging is not medically necessary and not supported by Official Disability Guidelines criteria.

An appeal request for left foot and left ankle MRI was reviewed on 04/09/12, and again determined as not medically necessary. It was noted that the claimant was injured in xxxx. At that time she was treated conservatively and underwent MRI testing of the left foot and ankle. There are then ongoing office visits that document her complaints, findings and testing of the left foot and ankle. Recently she has been seen by Dr. who documents her ongoing pain complaints of some lateral foot tenderness, but this record does not document any new physical findings that were not documented in previous records. Per Official Disability Guidelines, the use of repeat MRI testing is supported in patients who have new positive physical findings or following a new acute injury. That does not appear to be documented in this case. Noting that the claimant has a two year history of pain and physical findings have continued without apparent change there is no medical necessity for new MRI.

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 left foot is not supported as medically necessary based on the clinical data provided. The claimant sustained an inversion type sprain when she slipped on xx/xx/xx. She was treated with immobilization and crutch assist, physical therapy, and lace up ankle support. Plain radiographs and MRI of the left ankle were performed and appropriately identified left foot and ankle anatomy and pathology. There is no documentation of an acute injury, and no significant change in symptomatology/clinical presentation that would support the need for repeat MRI of the left and left foot. As such the requested imaging studies are not indicated 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)