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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/17/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of left ankle

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

Board Certified Orthopedic Surgeon (Joint)

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 08/24/12
UR Determination dated 07/06/12
UR Determination dated 08/08/12
Case Summary dated 08/30/12
DWC Form 69 dated 03/16/12
MRI of Left Ankle 04/12/12
Clinical records dated 04/27/12 to 08/02/12
DD Examination dated 07/13/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who's reported to have sustained work related injuries on xx/xx/xx. It is reported on this date he developed pain in his left foot and ankle. He subsequently was seen where he was treated conservatively and diagnosed with foot sprain. He was released to full regular duty and placed at maximum medical improvement on 03/16/12.

The claimant apparently sought care from his primary care provider and was referred for MRI of the left ankle on 04/12/12. This study notes findings suggestive of acute subchondral fractures/osteochondral lesion on the lateral talar dome and bone contusions in the third fourth and fifth metatarsal superimposed on mild to moderate osteoarthritis. The report notes minimal posterior tibialis tenosynovitis which may be reactive secondary to the acute ankle injury. There is attenuation of the anterior talofibular ligament likely representing sequela of an old sprain. There's minimal to mild peroneal tendinopathy and tenosynovitis with a mild

plantar fasciitis and evidence of mild Achilles tendinopathy.

The claimant subsequently came under the care. It is noted that the claimant has previously been placed in a walker and referred for orthopedic consultation. He is noted to be walking in a cast boot with pain and working light duty. On physical examination, the claimant is noted to be 72 inches tall weighs 270 pounds. On examination, the claimant has an antalgic gait with limited range of motion, tenderness over the left posterior tibialis, and tenderness over the left lateral ankle ligaments and talus. Radiographs showed no evidence of fracture bony lesion or significant osseous abnormalities. Review of the MRI indicates evidence of osteochondritis desiccans. The claimant was provided instructions and was to remain non-weight bearing. He was to continue use the brace/splint as recommended.

The claimant was seen in follow up on 05/25/12 and reports no improvements since his last visit. He's currently ambulating with the use of crutches, has limited range of motion, and diffuse tenderness over left ankle. He subsequently was advanced to partial weight bearing and was referred for physical therapy.

The claimant was seen in follow up on 06/22/12. It was reported that the claimant has been to therapy since his last visit and he is still having pain in the mornings and after physical therapy. His physical examination is unchanged. He was continued in a brace he was subsequently recommended to undergo MRI.

On 07/13/12 the claimant was seen by a designated doctor. On examination the claimant presented with crutches and a boot. On he is noted to have a mild antalgic gait. On examination there was no swelling or discoloration. On palpation of the area it was not necessarily uncomfortable, but when he stood on it without the boot he had some pain. He particularly had point tenderness in the area of the proximal fifth metatarsal in the left foot. The claimant was opined to be at not at maximum medical improvement.

The most recent clinical note is dated 08/02/12. It's noted that the claimant's MRI was denied by Workers' Compensation. His pain is reported to be improving he has he only has stiffness in the morning. The claimant reports being ready for regular duty he's noted to ambulate with a normal gait. He has no normal alignment without erythema swelling or obvious deformity and he has no tenderness throughout his examination.

The initial request was reviewed on 07/06/12. notes that the claimant has ongoing complaints of ankle pain with activity and limited range of motion. MRI dated 04/12/12 has already defined the ankle anatomy and pathology. He notes that there is no documentation another ankle MRI would be necessary or how the results would affect the future medical treatment. As such he non-certified the request

The appeal request was reviewed on 08/01/12 by. notes the prior denial. He indicates that Official Disability Guidelines criteria for repeat MRI of the ankle and foot is reserved for significant changes in symptoms and/or findings suggestive of significant pathology. He notes that the rationale for a repeat left ankle MRI is to follow up and see if there is any significant change. There is he notes the requesting physician has not provided a clear rationale for repeat MRI of the left ankle. He notes that there's no report of any interval injury or significant change in the patient's symptoms which would warrant a repeat study and subsequently recommends non-certification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE 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 the prior utilization review determinations are upheld. The available clinical records indicate that the claimant sustained a left ankle sprain which was superimposed over degenerative disease. The claimant has received an appropriate course of conservative treatment and per the last clinical note dated 08/02/12 the claimant is noted to be pain free he ambulates with a normal gait and has requested to resume regular duty. Based upon the information provided the

claimant's injuries have resolved and there would be no clinical indication for the performance of a repeat MRI.

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)