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**Notice of Independent Review Decision**

**Date notice sent to all parties:**

November 5, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI of right ankle without contrast

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Clinical notes dated 08/30/13 & 09/25/13  
Prior adverse determinations dated 09/05/13 & 10/10/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury regarding her right ankle when she sustained an inversion injury while walking down a wheelchair ramp at work. The clinical note dated 08/30/13 indicates the patient felt a pop at the time of the injury. The patient then felt another pop when she fell to the ground. The note indicates the patient having undergone cyst aspirations twice. The patient continued with a throbbing and intermittent pain that was rated as 5/10. The note mentions the

patient having a positive anterior drawer test and a positive talar tilt test. X-rays of the right ankle indicated no evidence of fracture, dislocation, or significant degenerative changes. Small exostosis was noted at the lateral malleolus. The clinical note dated 09/25/13 indicates the patient showing discreet swelling over the anterior portion of the right ankle. Tenderness was noted at the ankle joint line and the ATFL. 2+ instability to Drawer and Tilt testing continued. The patient was able to demonstrate normal range of motion. Strength testing revealed no weakness to resisted eversion. The patient's neurovascular exam revealed stable findings.

The prior utilization review dated 09/05/13 resulted in a denial for an MRI of the right ankle as no information was submitted regarding previous imaging and insufficient information was submitted regarding the patient's clinical presentation.

The prior utilization review dated 10/10/13 resulted in a denial as no information was submitted regarding the patient's significant clinical findings that would indicate the need for an MRI of the ankle.

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

The patient is noted to have complaints of instability at the right ankle. An MRI of the ankle would be indicated provided a suspected osteochondral injury, tendinopathy, or pain of an uncertain etiology is noted by clinical exam with normal plain films. No information was submitted regarding an osteochondral injury or tendon involvement. No information was submitted regarding the patient's completion of conservative therapy. As such, it is the opinion of this reviewer that the request for an MRI of the right ankle without contrast is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Magnetic resonance imaging (MRI)

Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) The majority of patients with heel pain can be successfully treated conservatively, but in

cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. (Narvaez, 2000) MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. (Tocci, 2007) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. (Lee2, 2010) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. (Joshy, 2010) Magnetic resonance imaging (MRI) reliably detects acute tears of the anterior talofibular ligament and calcaneofibular ligament. After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotic ligaments. (Kaminski, 2013) See also ACR Appropriateness Criteria™.

Indications for imaging -- MRI (magnetic resonance imaging):

- 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.