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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/02/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI of the left foot/ankle w/o contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M. D. Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the requested MRI of the left foot/ankle w/o contrast is not medically necessary and the prior denials should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Radiographs bilateral knees and bilateral hands and left ankle 05/13/11

MRI left ankle and foot 07/12/11

Clinical notes 08/02/11-01/15/13

MRI left ankle 09/18/12

Prior reviews 12/27/12 and 01/22/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xxxxx when she tripped and fell. Initial imaging studies of the left ankle were normal and initial radiographs of the left ankle on 05/13/11 were normal. MRI of the left ankle and foot dated 07/12/11 revealed complete disruption of the anterior talofibular ligament with tenosynovitis of the common peroneal sheath and tendon sheath. There was osteoarthritis in the mid foot and moderate marrow edema along the posterolateral aspect of the calcaneus. A possible bone cyst versus enchondroma was noted at the medial malleolus. MRI of the left foot on 07/12/11 revealed inflammatory arthropathy superimposed over osteoarthritis in the tarsal and metatarsal joints. Initial physical examination on 05/11/11 revealed diffuse swelling of the left foot and ankle with tenderness at the mid foot. There was no significant tenderness over the ankle or Achilles tendon. No instability was identified. The patient continued to have persistent swelling and antalgic gait and a repeat MRI of the left ankle on 09/18/12 identified moderate osteoarthritic changes in the tarsal metatarsal joints and mild osteoarthritic changes in the intertarsal joints. The ligament and tendon structures in the left ankle joint appeared intact. The patient continued to have persistent swelling in the left foot with an antalgic gait. The most recent physical examination on 01/15/13 identified diffuse swelling within the left foot and ankle with tenderness to palpation. There was some decreased range of motion at the mid foot which caused pain on stress testing. The patient

was recommended for additional MRI studies of the left foot. MRI of the left foot and ankle were denied by utilization review on 12/27/12 as there was no documentation indicating that the patient was responding poorly to conservative treatment and prior imaging studies were not provided for review. The request was again denied by utilization review on 01/20/13 as there was no indication of any significant changes on physical examination that would require repeat MRI of the left foot.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has had persistent pain and swelling in the left foot and ankle with an antalgic gait since 2011. Overall, there is no significant change on physical examination noted that would reasonably require repeat MRI of the left foot or ankle at this time. The patient has no evidence of significant instability on physical examination and no recent plain films of the left foot and ankle were performed identifying possible changes that would require further intensive and further advanced studies to determine pain generators. Given the stable exam findings for more than 12 months, repeat MRI at this time for the left ankle and foot would not be supported. As such, it is the opinion of this reviewer that the requested MRI of the left foot/ankle w/o contrast is not medically necessary and the prior denials should be upheld.

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)