

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Intra Articular Injection for the Left Ankle under Fluoroscopic Guidance, one injection as an outpatient

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

PM&R and Pain Medicine

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:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 05/07/13, 07/09/13

Radiographic report dated 03/09/12, 06/16/12, 06/29/12, 08/16/12, 10/16/12

CT of the right clavicle and shoulder dated 10/29/12

MRI left hip dated 11/14/12

MRI left knee dated 11/14/12

MRI left ankle dated 11/14/12

CT head dated 06/16/12

CT cervical spine dated 06/16/12

Lab report dated 06/16/12

Office note dated 06/16/12, 02/19/13, 04/19/13, 06/19/12, 06/25/12, 07/05/12, 08/09/12, 08/27/12, 10/23/12, 11/19/12

Handwritten note dated 04/19/13

Soap note dated 05/29/13, 01/28/13, 12/27/12

IME dated 03/01/13

CT chest dated 06/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date a metal object fell and struck the patient on the head, knocking him unconscious. The patient was wearing a hard hat. The patient sustained a distal clavicle fracture. Radiographic report of the left foot dated 03/09/12 revealed no acute fracture or dislocation. There is soft tissue swelling of the foot. MRI of the left lower extremity dated 11/14/12 revealed that there appears to be a chronic

strain of the posterior talofibular ligament with slight edema in the deltoid ligaments. The remainder of the ligaments are unremarkable. There is no fracture or dislocation. There may be minimal irregularity of the peroneus brevis tendon as it courses around the lateral malleolus. This is an equivocal finding. Otherwise unremarkable exam. Independent medical evaluation dated 03/01/13 indicates that the patient underwent ORIF of clavicle fracture followed by two subsequent surgeries because of the development of infection. X-rays have indicated that the fracture has healed. Diagnoses include fracture right distal clavicle and right acromial neck, healed with minimal to no symptoms; complaints of low back pain; left knee symptoms likely unrelated to incident that occurred on xx/xx/xx; and left ankle symptoms, etiology unclear, likely unrelated to incident of xx/xx/xx. There is no problem with the ankle described in initial evaluations. The IME reports that ongoing treatment for the symptoms regarding the left knee and left ankle may be medically necessary; however, are not considered to be related to the incident that occurred. Follow up note dated 05/23/13 indicates that the patient complains of constant left ankle pain. He denies any decrease in range of motion, but does complain of popping and walking with a limp. On physical examination he has tenderness over the anterior middle deltoid ligament over the medial ankle. He is also tender to palpation over the anterior talofibular ligament and the calcaneal fibular ligament, minimal over the posterior talofibular ligament. He does have laxity throughout the ankle and able to actually shift the bones on top of each other causing the patient discomfort and palpable click. He does have good range of motion of the ankle and strength appears to be 5/5.

Initial request for intraarticular injection for the left ankle was non-certified on 05/07/13 noting that the guidelines indicate that while evidence is limited, intraarticular injections are generally used procedures in the treatment of individuals with ankle or foot pain or pathology. The medical documentation provided indicates that the claimant has ongoing left ankle pain that demonstrated tenderness over the anteromedial aspect and tenderness with ambulation and pain was elicited by motion. There was no swelling noted. The MRI demonstrated a chronic strain of the posterior talofibular ligament with slight edema in the deltoid ligament. There was no indication that the therapeutic injection was being utilized to help support therapy directed at a functional recovery. The medical note reported the treating physician was to review prior MRI and CT scans, consider further work-up, and consider an intraarticular injection. There were no further medical documents from the treating physician as to the necessity for the intraarticular injection and that the injection was going to be utilized to support therapy directed at functional recovery. The denial was upheld on appeal dated 07/09/13 noting that there is no documentation of any diagnostic studies indicating what the pathology is. The claimant has no physical examination to indicate the pathology.

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

The patient sustained injuries on xx/xx/xx. Radiographic report of the left foot dated 03/09/12 revealed no acute fracture or dislocation. There is soft tissue swelling of the foot. MRI of the left lower extremity dated 11/14/12 revealed that there appears to be a chronic strain of the posterior talofibular ligament with slight edema in the deltoid ligaments. The remainder of the ligaments are unremarkable. There is no fracture or dislocation. There may be minimal irregularity of the peroneus brevis tendon as it courses around the lateral malleolus. This is an equivocal finding. Otherwise unremarkable exam. IME dated 03/01/13 indicates that ongoing treatment for the symptoms regarding the left knee and left ankle may be medically necessary; however, are not considered to be related to the incident that occurred. The Official Disability Guidelines state that intraarticular injections are under study with limited quality evidence. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post-injection response. As such, it is the opinion of the reviewer that the request for 1 intraarticular injection for the left ankle under fluoroscopic guidance, one injection as an outpatient is not recommended 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)