



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 5/13/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) of the right foot.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) of the right foot.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and the patient.

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 4/23/13 letter, 1/24/13 denial letter, 2/6/13 appeal receipt letter, 2/8/13 denial letter, 1/24/13 report, 2/8/13 report, undated UR review request, 1/10/13 physician order sheet, office notes from 4/12/12 to

1/31/13, various DWC 73 reports, 4/26/12 right foot MRI report, and fax appeal physician order sheet.

Patient: 7/30/12 intra-office referral form, office notes 7/30/12 to 3/8/13, and report from 2/27/12 to 3/13/13.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has had persistent and somewhat vague pain in the foot. She was reportedly injured in association with a slip and fall. Diagnosis included that of a lateral cuneiform fracture. There has been documentation of tenderness at the medial aspect of the forefoot, as noted on 12/28/12. X-rays of the affected right foot were dated 7-30-12 and did not reveal a fracture. A prior 4/26/12 dated MRI scan report revealed that there was a fracture at the base of the third metatarsal along with chronic plantar fasciitis and tibial sesamoid edema. Treatments have included the utilization of a custom-made orthotic. Denial letters reveal an indication for immobilization and that an MRI scan being repeated would not significantly alter the treatment or overall management. Denial letters also indicate that there was no significant change in clinical findings. On 1-31-13, the provider reiterated the medical necessity for an MRI and that the diagnosis included that of a closed calcaneal fracture. 3-8-13, the provider discussed that there was increased pain along the medial band of the planter band of the "cavus" right foot.

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

There has been significant inconsistency in the subjective location of pain and the objective findings on examination. A recent x-ray has not been documented. An MRI has already been obtained with diagnoses evident. Applicable clinical guidelines only support a repeat MRI in the case of there being a significant adverse change in symptoms and or examination findings suggestive of significant pathology. In this case, this has not been documented. Therefore, a repeat MRI would not be medically reasonable or necessary as per applicable guidelines referenced below.

Reference: ODG Foot and Ankle Chapter; 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.

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

- ACOEM- AMERICAN 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)