Notice of Independent Review Decision - WC

DATE OF REVIEW: 11/26/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI

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

Board Certified in Orthopedic Surgery
Designated Doctor

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 or not medical necessity exists for each of the health care services in dispute:

- Repeat MRI – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was originally seen for a dislocation of the PIP of the 2nd toe following a work injury in xx/xxxx. The claimant has minimal pain around his second PIP joint. Symptoms have migrated to the MTP of neighboring toe, and the claimant has an antalgic gait. Secondary to this migration of pain, the treating providers have recommended a new MRI. Records indicate the claimant has decreased range of motion and subjective tenderness. The claimant is not currently taking any medications.

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

Decreased range of motion and subjective tenderness are not significant objective findings on examination. The ODG advices that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not demonstrate that a repeat MRI would be medically reasonable or necessary.

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

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

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