



14785 Preston Road, Suite 550 | Dallas, Texas 75254
 Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 1/07/2014

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the left foot.

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

M.D. Board Certified in occupational Medicine and Urgent Care.

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

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	12/18/2013
Utilization Review Determinations	11/15/2013-12/09/2013
Office Visit Note	11/12/2013
Report	11/15/2013
Report	11/21/2013

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant, has filed a claim for ankle and foot pain reportedly associated with an injury of xx/xx/xx. Thus far, she has been treated with the following: Analgesic medications; initial immobilization with crutches; and 13 sessions of physical therapy to date; and reported return to regular duty work. In a utilization review report of November 15, 2013, the claims administrator denied the request for foot MRI. It was stated that the claimant had previously undergone an MRI of the foot. The most recent progress report of November 12, 2013 is notable for comments that the claimant reports persistent foot pain despite usage of an ankle support. Her BMI is 25. She exhibits a normal gait with no obvious swelling. There is minimal tenderness at the medial arch and first MTP joint. It is stated that a new MRI is needed owing to the claimant's persistent symptoms. The claimant is asked to continue regular duty work.



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

Per ODG references, the requested "MRI of the left foot" is not medically necessary since it is not clearly stated what precisely the attending provider suspects. The claimant has already returned to regular work duty. She exhibits a normal gait. She seemingly only has minimal complaints and is only using Advil or Aleve occasionally for pain relief. It does not appear that MRI imaging would appreciably alter the treatment plan. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

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

- 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