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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repeat MRI of left ankle

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 this reviewer's opinion the medical necessity for this request for repeat MRI of left ankle is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx while walking down a ramp. The patient had acute onset of left ankle pain. This was initially treated with oral steroids. Previous MRI studies were performed but not made available for review which reportedly showed a calcaneal spur with distal Achilles tendinosis. The patient did attend some physical therapy and was performing a home exercise program. As of 09/02/14 the patient denied any pain in the left ankle and was anticipating return to running. The 10/14/14 clinical report noted that there was an exacerbation of the patient's left ankle pain while going up and down stairs. The patient reported pain at the left Achilles tendon insertion. The patient was performing normal duties at work. The patient's physical exam noted tenderness to palpation of the left Achilles with a palpable spur. The patient was recommended to continue with a home exercise program. The clinical report on 11/18/14 noted continuing pain in the left ankle at the Achilles tendon insertion. The patient's physical exam noted tenderness over the calcaneal spur and at the insertion of the Achilles tendon. The patient did have an antalgic gait. Recommendations were for surgery to address the Achilles tendon. Due to imaging studies that were more than a year old updated MRI studies were recommended. The requested repeat left ankle MRI was denied on utilization review on 12/08/14 and 12/15/14. As there were no red flags or significant positive orthopedic findings to support repeat imaging.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has had persistent complaints of pain at the left Achilles tendon insertion as well as pain over the calcaneal spur as noted on physical exam. Previous MRI studies were reported to show Achilles tendinosis and calcaneal spur. The patient's physical exam did not provide any further objective evidence regarding concerning provocative findings or any new onset of conditions that would reasonably support MRI studies of the left ankle. The patient's presentation is

consistent with the reported findings from the older MRI study. Therefore, it is this reviewer's opinion the medical necessity for this request for repeat MRI of left ankle is not established and the prior denials are 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)