

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 9, 2015

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed MRI Right Ankle (73721)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
905.8	73721		Prosp	1			Xx/xx/xx	99P0000712361	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who reported an injury to the right ankle on xx/xx/xx. He was working on a scaffold, fell approximately 24 feet to the ground, and sustained a fracture at the right ankle. The diagnosis was right posterior tibialis dislocation; medial malleolus fracture, nonunion; talar neck fracture; and peroneal tenosynovitis.

A CT scan of the right ankle on October 3, 2013, reported:

1. There is a nondisplaced fracture of the medial malleolus of the right ankle that appears to be healing, but with incomplete bony union,
2. There are tiny adjacent fragments posterior to the tip of the medial malleolus and the fracture involves the most anterior aspect of the articular surface,
3. There are lateral bony densities compatible with accessory ossicles, or more likely, old ununited avulsions from the lateral aspect of the medial malleolus and from the lateral malleolus,
4. Bony density likely represents an old united avulsion from the inferior aspect of the talus in the lateral aspect of the subtalar joint, and
5. Thickening of the posterior tibial tendon and apparent abnormal course with respect to the medial malleolus suggesting possible anterior dislocation of the tendon.

performed, on November 25, 2013, a right ankle arthroscopy, open reduction internal fixation of the medial malleolus fracture with nonunion, and posterior tibial tendon repair.

On follow-up on December 26, 2014, the injured employee had not returned to full duty and reported continued pain and swelling. The pain was noted to be on the lateral aspect of the ankle. The injured employee was not taking any pain medication at that time. On physical examination of the right ankle, there was a normal gait. There was minimal diffuse swelling around the ankle. There was no tenderness at the medial aspect of the ankle. The posterior tibialis tendon was stable. There was some tenderness noted along the peroneal tendons near the retrofibular groove. The tendons were stable to foot circumduction. All the incisions had healed without signs of infection. There was good ankle range of motion and strength was noted to be 5/5. Light touch was intact and there were good distal pulses. The recommendation was for an MRI. The injured employee was medically cleared to return to work. It was noted that the injured employee had undergone ten sessions of a work-hardening program.

performed a preauthorization evaluation on January 13, 2015, which stated that, based on the clinical information submitted for review and using evidence-based, peer-reviewed guidelines, the request was not certified. It was noted that recent plain radiographs, if any, had not been submitted for review as recommended per reference guidelines. It was also stated that there were no documented significant defects of the right ankle to warrant an MRI at that time. It was reported that there was no evidence of any significant change in symptoms or findings, given the prior reports. stated the medical necessity of the request was not substantiated.

performed a preauthorization review on February 11, 2015, and stated although the patient had persistent pain and swelling, an updated x-ray of the right ankle had not been provided for review. It was also noted that failure of recent conservative care with physical therapy and immobilization had not been documented. was in agreement with the previous determination, stating the medical necessity of the request had not been established.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

After reviewing the mechanism of injury, the objective medical records available for review, and the two previous notifications of adverse determination, I agree with the denials. There is no recent x-ray of the right ankle provided in the medical records, as required by the Division-mandated Official Disability Guidelines. A repeat MRI is not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. There are no significant defects of the right ankle to warrant an MRI at this time. The claimant has good range of motion and good strength, and has returned to work.

Ankle & Foot (updated  
12/22/14)

Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. (Narvaez, 2000) MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. (Tocci, 2007) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. (Lee2, 2010) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. (Joshy, 2010) Magnetic resonance imaging (MRI) reliably detects acute tears of the anterior talofibular ligament and calcaneofibular ligament. After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotoc ligaments. (Kaminski, 2013) See also ACR Appropriateness Criteria™.

Indications for imaging -- MRI (magnetic resonance imaging):

- Chronic ankle pain, suspected osteochondral injury, plain films normal
- Chronic ankle pain, suspected tendinopathy, plain films normal
- Chronic ankle pain, pain of uncertain etiology, plain films normal

- Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
- Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
- Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
- Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected
- Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES