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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/01/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI Rt ankle wo contrast; Mri Rt foot wo contrast; vascular surgery referral

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgeon

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 the opinion of this reviewer that the request for MRI Rt ankle wo contrast; Mri Rt foot wo contrast; vascular surgery referral is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient reported an injury to his right lower extremity when he attempted to step on to on a metal bar supported by two pipes. The patient stated when he stepped on a taller of the two pipes the foot inverted and his foot went down between the two pipes resulting in an external rotation of the femur on the tibia and a hyper plantarflexion of the ankle. The MRI of the right ankle dated xxxx revealed a longitudinal splint of the Achilles tendon consistent with partial tendon tear. No fracture was identified. The functional capacity evaluation dated 05/15/15 indicates the patient on unable to complete the study. The patient demonstrated poor effort at resulting in borderline invalid functional capacity evaluation results. The MRI of the right ankle dated 08/07/15 revealed synovitis within the second metatarsal joint and central navicular this is all one word naviculocuneiform joint with interosseous with an interosseous cyst in the central cuneiform representing a Lisfranc's joint injury. An intrasubstance tear was identified at the adjacent peroneus longus tendon insertion to the base of the great toe metatarsal. The clinical note dated 08/25/15 revealed the patient having been referred to physical therapy for four week for a total of eight sessions. The note indicates the patient utilizing acetaminophen, ibuprofen, cyclobenzaprine, and methocarbamol for pain relief.

The patient continued with ongoing right ankle and foot pain.

The note indicates the patient showing some improvement; however, pain continued at the Achilles area at as well as the sinus tarsi at the in anterior ankle. The note indicates the patient ambulating with a casted boot. A notable limp was also identified. Poor multiple prominent varicosities were identified at the anterior leg. Tenderness was identified at the meaty the middle naviculocuneiform region. Tenderness was all tenderness was also identified at the tarsal metatarsal joints. Tenderness continued at the Achilles tendon. The clinical note dated 09/16/15 indicates the patient rating his ongoing pain as 4-8/10. The note indicates the patient having undergone a course of physical therapy. The clinical note dated

09/21/15 indicates the patient continuing with significant swelling at the right ankle. The patient reported ongoing frequent aching type pain. Stiffness was identified throughout the right ankle. However this was identified as considerably improved. The utilization reviews dated 07/17/15 and 08/07/15 resulted in denials as no information was submitted regarding the need for additional imaging studies as no as insufficient information was submitted regarding the patient progression of symptomology or the development of new pathology. Furthermore, no specific explanation was identified for the venous congestion in vascular difficulties.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of ongoing right ankle pain with associated stiffness. There is an indication the patient had previously undergone an MRI of the right foot on 08/07/15 and MRI of the right ankle on 01/27/15. Additional or repeat imaging studies would be indicated provided the patient meets specific criteria including significant changes in the patient's symptomology or patient having developed new pathology. No information was submitted regarding the patient's significant worsening of the symptomology. Furthermore, no information was submitted regarding the patient's development of any new pathology at the right ankle. There is an indication the patient has continued venous congestion. However, no information was submitted regarding the patient need for avascular referral as insufficient information was submitted regarding the patient's vascular difficulties. No information was submitted regarding patient's circulatory compromise. Given these factors, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for MRI Rt ankle wo contrast; Mri Rt foot wo contrast; vascular surgery referral is not recommended as medically necessary 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)