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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI without contrast

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

Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. It is documented as nondisplaced Jones fracture of right talus, initial encounter for closed fracture. During the assessment on XXXX, the patient complained of increased right knee pain. The physical examination revealed pain and tenderness along the medial to the right knee joint. There was pain with direct pressure over the tibial plateau and with forced flexion and extension. There was ankle pain and bruising on the lateral side of the ankle, with continued tenderness and soreness. X-rays of the knee and ankle did not reveal any acute bony changes or deformity. During the assessment on XXXX, the patient presented with knee pain and ankle swelling. The physical examination revealed swelling and pain, posteriorly, anteriorly and laterally around the ankle. The patient reported that the lace up ankle support did not provide much relief. An MRI of the right knee and right ankle recommended, and the patient was advised to continue with the ankle lace up support and therapy for range of motion and strengthening. During the assessment on XXXX, the patient complained of continued pain in the right ankle, as well as trouble walking. The patient was not using the boot or walker. The patient reported continued ankle and knee pain. The patient had undergone MRI of the right knee, which was noted to reveal bruising to the ACL; mild amount of fluid on the knee joint. The patient had undergone an MRI of the right ankle, which revealed an osteochondral defect in the medial aspect of the talar dome; with full thickness cartilage defect. The patient was evaluated on XXXX. The patient reported continued ankle pain. The patient reported that therapy was not helping, and seemed to aggravate the pain. The patient reported having to use a walker to get around and XX. The patient reported feeling of catching or popping. Options of treatment with the boot, walker and possible surgery were discussed. The patient was advised to continue with therapy and follow-up in 3 weeks.

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

The Official Disability Guidelines recommend diagnostic imaging with MRI for chronic ankle pain with suspected osteochondral injury, tendinopathy or pain of uncertain etiology with normal plain films. The

guidelines also recommend MRI for acute trauma to the knee; and when there is suspected posterior knee dislocation or ligament or cartilage disruption. The patient presented with continued right knee and right ankle pain. The physical examination revealed pain and swelling posteriorly, anteriorly and laterally around the right ankle. The patient underwent an MRI of both the right knee and right ankle. The MRI of the right knee reveals bruising to the anterior cruciate ligament with mild fluid on the knee joint. The MRI of the right ankle revealed an osteochondral defect in the medial aspect of the talar dome, with full-thickness cartilage defect. Given the patient's clinical presentation, an MRI would be warranted to assist with treatment planning.

Therefore, the request for MRI without contrast is medically necessary and overturned.

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

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle & Foot, Magnetic resonance imaging (MRI) and 2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee & Leg, MRI (magnetic resonance imaging)