



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1226-01
Social Security #: _____
Treating Provider: William Roden,MD
Review: Chart
State: TX
Date Completed: 5/15/06

Review Data:

- Notification of IRO Assignment dated 4/28/06, 1 page.
- Receipt of Request dated 4/28/06, 1 page.
- Medical Dispute Resolution Request/Response dated 4/17/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Notice of Utilization Review Findings dated 3/30/06, 3/23/06, 4 pages.
- Notice of Intent to Issue an Adverse Determination dated 3/29/06, 3/22/06, 3 pages.
- Letter of Agreement dated 3/27/06, 3/20/06, 2 pages.
- Notes dated 4/17/03, 4/2/03, 3/28/03, 3/26/03, 3/24/03 11 pages.
- Activity Status Report dated 4/2/03, 1 page.
- Physical Capacity Report dated 4/19/04, 2/9/04, 11/14/03, 10/21/03, 9/18/03, 9/11/03, 9/4/03, 8/28/03, 8/20/03, 7/30/03, 6/18/03, 4/3/03, 12 pages.
- Report of Medical Evaluation dated 1/13/05, 8/21/04, 4/17/03, 3 pages.
- Narrative History (date unspecified), 1 page.
- New Patient Evaluation dated 4/7/03, 2 pages.
- Patient Status dated 4/17/03, 1 page.
- Initial Evaluation dated 2/12/04, 12/15/03, 11/13/03, 4/7/03, 11 pages.
- Prescription dated 4/7/03, 1 page.
- Daily Notes dated 6/24/04, 6/22/04, 6/17/04, 6/15/04, 6/10/04, 6/8/04, 6/3/04, 6/1/04, 5/27/04, 5/20/04, 5/18/04, 5/13/04, 5/10/04, 3/22/04, 3/19/04, 3/17/04, 3/15/04, 3/12/04, 3/11/04, 3/9/04, 3/5/04, 3/3/04, 3/1/04, 2/11/04, 2/10/04, 2/5/04, 1/30/04, 1/29/04, 1/27/04, 1/26/04, 1/23/04, 1/22/04, 1/15/04, 1/9/04, 1/2/04, 12/30/03, 12/22/03, 12/19/03, 12/17/03, 12/15/03, 4/30/03, 4/24/03, 4/18/03, 4/15/03, 14 pages.
- Office Notes dated 4/11/03, 1 page.
- Operative Report dated 10/14/04, 4/8/04, 2/12/04, 11/13/03, 4/11/03, 10 pages.
- Anesthesia Record dated 4/11/03, 1 page.
- Re-evaluation dated 5/16/03, 3 pages.
- Evaluation dated 10/22/03, 7/24/03, 3 pages.
- Plan of Care dated 3/7/06, 5/16/03, 4 pages.
- Prescriptions dated 5/12/03, 1 page.

- SOAP Notes dated 7/9/03, 7/7/03, 7/2/03, 7/1/03, 6/27/03, 6/23/03, 6/20/03, 6/18/03, 6/16/03, 6/13/03, 6/11/03, 6/6/03, 6/4/03, 6/2/03, 14 pages.
- Right Ankle MRI dated 9/22/03, 1 page.
- Initial Evaluation dated 3/7/06, 5/10/04, 9/17/03, 10 pages.
- Clinical Follow-up dated 12/31/03, 11/19/03, 10/15/03, 10/1/03, 4 pages.
- Procedure Note dated 12/3/03, 10/1/03, 3 pages.
- Visual Descriptor of Areas Injected dated 10/1/03, 1 page.
- Procedure Record dated 12/3/03, 10/1/03, 3 pages.
- Nerve Conduction Study dated 9/25/03, 4 pages.
- Left Shoulder MRI dated 9/26/03, 1 page.
- Right Ankle X-ray dated 11/10/03, 1 page.
- Postoperative Visit dated 11/24/03, 1 page.
- Workers' Compensation Introduction Form dated 4/18/03, 1 page.
- Patient Pain Form dated 4/18/03, 1 page.
- Follow-up Visit dated 11/29/04, 8/18/04, 7/20/04, 4 pages.
- Maximum Medical Improvement and Impairment Rating dated 1/13/05, 6 pages.
- Impairment Evaluation dated 9/13/05, 2 pages.
- Patient History (date unspecified), 2 pages.
- Questionnaire dated 4/18/03, 2 pages.
- TWCC Pre-Authorization Report and Notification dated 11/12/03, 1 page.
- Ankle Bone Scan dated 2/6/04, 1 page.
- Physical Therapy Visits (date unspecified), 1 page.
- Designated Doctor Evaluation dated 12/20/03, 4 pages.
- Range of Motion Examination (date unspecified), 2 pages.
- Left Wrist MRI dated 1/13/04, 2 pages.
- Preoperative History and Physical dated 1/16/04, 2 pages
- Recovery Room Record dated 12/3/03, 1 page.
- Physical Therapy/ Rehabilitation Program dated 2/25/04, 1 page.
- Office Visit dated 3/7/06, 10/12/04, 9/27/04, 9/14/04, 8/23/04, 7/28/04, 7/20/04, 7/6/04, 6/30/04, 5/19/04, 10 pages.
- Physical Therapy Prescription dated 7/6/04, 1 page.
- Nerve Block Note dated 4/8/04, 1 page.
- Referral dated 5/3/04, 1 page.
- Treatment Progress Notes dated 8/18/04, 1 page.
- Impairment Rating Report dated 8/21/04, 4 pages.
- Pre-operative Assessment dated 10/14/04, 1 page.
- Required Medical Examination dated 4/5/06, 3 pages.
- Disability Evaluation dated 4/5/06, 2 pages.
- Functional Capacity Evaluation dated 3/21/06, 11 pages.
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Reason for Assignment by TDI: Determine the appropriateness of the previously denied request for a repeat MRI of the right ankle.

Determination: REVERSED - a repeat MRI of the right ankle.

Rationale:

Patient's age: 40 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: While attempting to break up a fight between two parents, one parent, who was quite large, fell on the patient, trapper her left wrist underneath.

Diagnoses: Left shoulder sprain; left wrist sprain; right ankle sprain; morbid obesity.

Subsequent to the above injury, the claimant began treatment for the left shoulder, left wrist and the right ankle pain. Initial treatment consisted of pain medication, non-steroidal anti-inflammatory medication, therapy, and chiropractic treatment. The claimant underwent repair of a flexor tendon injury to the left little finger on 4/11/03. She continued to report pain and weakness in the right ankle and was referred to a pain clinic. An evaluation on 9/17/03 noted that the claimant was morbidly obese, with a weight of 325 pounds, and a smoker. On examination, there was tenderness over the lateral aspect of the right ankle and pain with eversion and inversion. There was slight edema and a noted limping gait. An MRI of the right ankle on 9/23/03 demonstrated fluid in the fascial planes within the prominent subcutaneous adipose tissue suggestive of edema. The ligaments, tendons and bony anatomy were within normal limits. The claimant was seen in the emergency room on 9/23/03 for pain and instability in the right ankle. X-rays were negative, and she was placed in a posterior ankle splint and crutches. The claimant continued with left shoulder pain despite therapy and injections, and subsequently underwent left diagnostic arthroscopy with limited joint debridement, subacromial decompression with acromioplasty and partial distal claviclectomy on 11/13/03. On 2/6/04, a bone scan of the ankle was obtained, which revealed slightly increased diffuse uptake compared to left. The discrete focus of uptake was not seen, and the finding may have been secondary to hyperemia from soft tissue edema. The claimant continued with left elbow and wrist pain, and underwent left ulnar nerve transposition on 2/12/04. On 4/8/04, the claimant underwent right ankle surgery with Chrisman-Snook reconstruction of the lateral ligaments utilizing the peroneus brevis tendon. Post-operatively, the claimant had extensive therapy to the right ankle. The claimant continued to have pain and weakness in the right ankle despite therapy and injections. In an office visit with Dr. Roden on 9/14/04, there was noted anterior capsular tenderness and limited dorsiflexion. There was no evidence of instability and the neurovascular status was intact. Previous X-rays showed a visible anterior osteophyte. On 10/14/04, the claimant had arthroscopic debridement of anterior tibial and talar neck osteophytes with chondroplasty of the talar neck. On 1/13/05, the claimant was assigned a 25 percent whole body impairment rating and was determined to be at maximum medical improvement. On 1/19/06, the claimant underwent a second left shoulder arthroscopy. In an office visit on 3/7/06, the claimant continued with right ankle pain and requested further evaluation. Dr. Roden recommended an MRI. A functional capacity evaluation on 3/21/06 demonstrated that the claimant was capable of sedentary work demands. In an Independent Medical Evaluation on 4/5/06, the right ankle was puffy with extension at 0 degrees, flexion to 35 degrees, inversion to 10 degrees and eversion to 5 degrees. The claimant continued to be extremely limited primarily by obesity and deconditioning. Dr. Roden saw the claimant on 4/5/06 for increased difficulty with ambulation and pain over the anterolateral aspect of the ankle joint. Previous X-rays showed satisfactory resection of the osteophyte with a medial osteophyte on the neck of the talus and a small posterior osteophyte. No bony pathology was seen. Dr. Roden felt an MRI was indicated. The request for the MRI was not approved, and a review of

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that decision has now been requested. It appeared from this medical record that the claimant has had ongoing right ankle complaints since the time of her ___ injury. She had undergone lateral ankle reconstruction on 4/8/04 and a follow-up arthroscopic evaluation and osteophyte debridement on 10/14/04. She had continued to have complaints and underwent a functional capacity evaluation on 3/21/06 that noted poor physical effort. There was an Independent Medical Evaluation, dated 4/5/06, that documents the fact that the claimant continued to be extremely limited by obesity and deconditioning. On 4/5/06, the claimant had also been seen by Dr. Roden, who noted difficulty ambulating and pain over the anterolateral aspect of the ankle joint. However, there was no gross instability, and the claimant was neuro-vascularly intact. X-rays did not show any new abnormality, and he requested an MRI due to inability to ambulate and pain. MRI tests at times can be used to document a specific acute anatomic injury, and they can also be used at times to rule out specific problems. In light of the fact that this claimant continued to have complaints, inability to ambulate and her treating physician felt an MRI was indicated, this reviewer believes that it would be reasonable to proceed with an MRI of the right ankle to rule out an infection, avascular necrosis, tendon rupture, ligament reconstruction rupture, loose body or other specific anatomic abnormality. Often times with an ankle problem, it can be difficult to make an absolute anatomic diagnosis. The medical records provided seemed to indicate that the claimant had more subjective complaints and objective physical findings but to err on the side of safety. In the opinion of this reviewer, it seems that it would be medically reasonable to proceed with an MRI of the right ankle at this time since the claimant has not had any specific diagnostic testing since her last operative procedure, more than a year-and-a-half ago, and still complained of ongoing pain and limitations in function.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
Orthopedic Knowledge Update 8, Vaccaro, Chapter 11, page 122.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewer's Qualifications: Texas Licensed M.D., and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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