

IMED, INC.

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post-operative shoe, walking boot, DVT, custom orthotics x 2, lower leg cast x 5, XX ankle XX repair with ankle arthroscopy, post-operative splint x 5, cast shoe, cast supplies x 5

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

MD, Board Certified Orthopedic Surgery

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX when XXXX. The claimant injured the XX ankle. The XXXX XX ankle MRI study noted an XX XX of the XX with XX. There was a XX tear of the XX XX XX beginning below the XX XX. There was associated soft tissue edema. There was thickening of the XX and XX ligaments. The claimant's medications included the use of XXXX. The XXXX clinical report noted ongoing symptoms of numbness, weakness, and tingling. There was swelling of the XX XX. There was XX over the XX and XX XX ankle. There was limited passive range of motion and a XX+ positive XX XX sign. Mild weakness was present.

The XX ankle XX with XX XX was denied due to the lack of objective and subjective complaints as well as significant functional limitations or difficulties with normal activities. There was also limited documentation regarding conservative treatment.

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

The clinical findings did note pathology at the XX ankle to include an XX XX and mild tearing of the XX XX XX. There was no tearing of the ligaments. The claimant's physical exam did note some XX instability of the XX ankle. There was still limited documentation regarding the failure of reasonable non-operative measures. Given the limited imaging findings as well as the lack of documentation regarding failure of non-operative measures, it is this reviewer's opinion that medical necessity 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:

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**