

I-Resolutions Inc.

An Independent Review Organization

3616 Far West Blvd Ste 117-501

Austin, TX 78731

Phone: (512) 782-4415

Fax: (512) 790-2280

Email: manager@i-resolutions.com

Review Outcome

Description of the service or services in dispute:

XX - MRI of the XX XX

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Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Podiatrist

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who was injured on XX. XX stated XX was XX to XX of XX XX on the XX on the XX, and the XX a XX in the XX, in which XX then XX like XX XX "XX". The ongoing diagnoses were pain in XX XX and joints of XX XX (XX.XX); other XX and XX, XX XX and XX (XX.XX); spontaneous XX of XX, XX XX and XX (XX.XX); nondisplaced fracture of XX of XX XX, subsequent encounter for closed fracture with routine healing (XX.XX); and XX and XX, unspecified (XX.XX).

XX. XX was seen by XX on XX for follow-up of XX XX pain. XX continued to have severe pain in the center of XX XX. XX wore the XX XX and used XX XX-XX-XX. XX had an injury at work on XX XX XX while XX, and XX a XX in a XX. XX was attending XX therapy every other XX and stated XX had been having more pain than normal due to XX XX therapy. XX had numbness in the XX side of the XX that went down to the XX of XX XX but seemed to start up in XX XX XX. XX stated XX had ongoing pain in XX XX XX, XX XX, and XX XX since the injury occurred. XX XX XX and XX XX had been more painful than XX XX, but XX was starting to see more XX and XX. XX spoke with the XX therapist, and they agreed that there appeared to be an abnormality in the XX XX and XX XX complex of the XX XX extremity. They were also concerned about possible complex regional pain syndrome along with XX XX pain and XX XX pain due to the injury. Neurological examination revealed XX with palpation of the XX XX as it coursed posterior to the XX XX at the previous surgery site. XX was positive with palpation. XX had severe pain with palpation of the entire XX XX and with attempted range of motion of the XX XX. XX continued to have mild XX instability of the XX XX with inversion and eversion. XX had severe pain with palpation of the XX XX, approximately XX XX from the XX XX of the XX XX. There was continued XX

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noted in the lateral XX. There was severe pain with palpation of the XX, the XX, XX XX, and XX XX XX. XX planned to continue to immobilize XX. XX in a XX, with a XX-XX XX XX, nonweightbearing, utilizing a XX XX. Since conservative treatment with XX therapy and immobilization had failed and XX. XX continued to have severe pain in the XX XX extremity with increased pain in the XX XX and XX XX, he would order MRIs of the XX XX and XX XX XX to compare to XX prior MRI. With continued pain and swelling, XX noted he needed to visualize any soft tissue damage that occurred after XX weeks and continued to cause XX severe pain. He would also order an EMG.

An MRI of the XX XX dated XX demonstrated postoperative changes to the anterior XX XX which was attenuated with surrounding soft tissue XX and XX tissue / scarring. There was stable XX XX XX to the medial XX XX without evidence of an overlying unstable XX fragment or loose body. Diffuse XX thinning and XX were noted to the XX joint with a stable area of XX XX XX to the XX XX. There was worsening XX XX with reactive fluid in the tendon sheaths. XX fraying to the XX XX was suspected originating near the XX groove and extending distally. There were mild chronic changes of XX XX at the XX insertion and trace XX XX to the XX, likely degenerative related.

The treatment to date consisted of medications (XX, XX, XX, XX, XX, XX, and XX), XX with a XX-XX XX XX, and XX therapy.

Per a utilization review letter dated XX by XX, the request for MRI of the XX XX and MRI of the XX extremity without contrast was denied. On XX, XX spoke with XX who had done XX. XX's previous operation and had been seeing XX for XX ongoing injury (XX nondisplaced XX fracture and XX sprain). XX. XX had been immobilized for XX weeks. XX reported the XX fracture was healing. XX. XX continued to have swelling and pain. XX concerns were for possible worsening of tear or developing complex XX. It was discussed that XX. XX had been immobilized, making the progression of fraying / tear less likely, that even high-grade tears were often treated conservatively, and that there had been no trial of rehabilitation. XX expressed intent to deny requested imaging at that time. Rationale: There was no x-ray radiology report provided. There was a history of at least XX prior XX XX MRIs, one under the claim and one prior to the claim. The XX XX MRI dated XX was compared to the XX MRI. It documented postoperative changes to the anterior XX ligament; stable XX XX XX to the medial XX XX; diffuse XX thinning and XX to the XX joint; worsening XX XX; mild chronic changes of XX XX; and trace XX XX of XX, likely degenerative. XX was also confused by the fact that the initial available note from XX, about XX XX out from the date of injury, documented XX medications for pain. The pain was in the XX, and MRI had been done. XX recommended denial of repeat XX XX MRI and initial XX XX XX MRI.

Per a utilization review (reconsideration) letter dated XX by XX, the appeal request for MRI of the XX XX and MRI of the XX XX was not certified. Rationale: The previous noncertification on XX was due to there being multiple previous studies. The previous noncertification was supported. Additional records included an evaluation on XX. XX. XX had a previous MRI of the XX XX. Repeat MRI studies were not recommended. The records did not reflect a recent traumatic injury or significant change in symptoms or findings of significant pathology. The case was discussed with XX, who reported the claimant recently completed XX weeks of XX therapy with no improvement. XX requested a repeat MRI to determine if there was missed pathology in the prior MRI. The request for reconsideration of an MRI of the XX XX without contrast and MRI of the XX XX XX without contrast was not certified.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

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The non-certification is due to there being multiple previous MRI studies. The previous non-certification is supported. XX. XX had a previous MRI of the XX XX. Repeat MRI studies are not recommended. As stated, the records do not reflect a recent traumatic injury or significant change in symptoms or findings of significant pathology. The request for reconsideration of an MRI of the XX XX without contrast and MRI of the XX XX XX without contrast is not warranted at this time. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing

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a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:

Chief Clerk of Proceedings Texas Department of Insurance

Division of Workers' Compensation P. O. Box 17787

Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.