

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

Case Number: XX

Date of Notice: 3/22/2019 1:01:56 PM CST

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**Independent Resolutions Inc.**  
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**IRO REVIEWER REPORT**

**Date:** 3/22/2019 1:01:56 PM CST

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Open treatment, XX XX XX joint

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

**REVIEW OUTCOME:**

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

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** XX. XX XX is a XX-year-old XX who was injured on XX. When XX was XX XX a XX and the XX XX XX, XX XX got XX on the XX and XX. XX had significant pain and swelling in the XX immediately thereafter. XX was diagnosed with closed XX fracture of the XX XX (XX.XX). On XX, XX evaluated XX. XX for follow-up of imaging. XX. XX had a CT arthrogram performed because XX reportedly had fragments in XX XX and could not have an MRI even though XX previously had an MRI done back in XX, but at any rate, XX had a CT arthrogram of XX XX XX done. XX continued to have severe pain in XX XX, rated as 7/10. Walking, twisting, or pivoting on the XX made it worse. Any sort of twisting or pivoting movements in the XX caused XX severe pain throughout the XX XX and XX. Examination of the XX XX revealed pain with external rotation, significantly-positive squeeze test, significant tenderness to palpation over the

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XX soft tissue XX and over the XX aspect of the XX. XX had no lateral XX pain. There was mild tenderness to palpation over the XX XX. XX was able to actively XX and XX XX XX with just mild discomfort with maximum XX. XX was XX intact. XX opined that XX. XX had failed over XX months of conservative treatment for XX significant XX XX sprain. XX was getting persistent pain and feelings of pain up and down the XX XX and at the XX laterally with twisting or pivoting activities. XX had evidence of a likely XX injury. Based on all those findings, XX had failed extensive conservative measures and was indicated for surgical intervention for XX XX fixation. The plan was to proceed with XX XX XX fixation. A CT arthrogram of the XX XX was obtained on XX, revealing a small XX XX along the XX XX XX and mild chronic XX irregularly of the XX XX XX, which could reflect XX of prior trauma such as prior fractures. XX contrast within the XX tendons with moderate distention of the tendon sheath at the master knot of XX along the XX XX, which could be correlated for XX. An MRI of the XX XX and XX from XX revealed some significant soft tissue swelling XX, but no comment on any muscular or XX injury or XX injury. The treatment to date consisted of medications [XX and XX (helped), XX], conservative management, rest (better), ice, compression, elevation, activity modification and restrictions (no prolonged standing / walking longer than XX hours, no squatting / kneeling, inability to drive or operate machinery), XX XX wear, anti-inflammatories, and a formal XX therapy program for XX months consecutively. Per a utilization review and determination letter dated XX, the request for open treatment of XX XX XX joint was non-certified by XX. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per review of literature, surgery is indicated in patients with pertinent subjective complaints and objective findings corroborated by imaging study and after exhaustion of conservative care. In this case, XX complained of pain in the XX median XX with a pain score of 6/10. According to the Surgery Request Form dated XX, a XX XX XX fixation was requested to be scheduled; however, a comprehensive assessment of the affected body part was not established to have a clear picture of the current condition of the patient to necessitate the request. Clarification is needed with regards to the request as there was no clear justification provided and on how this request would affect the patient's overall health outcomes. Exceptional factors were not identified." Per a utilization review and determination letter dated XX, XX denied the appeal for open treatment, XX XX XX joint. Rationale: "Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced above, this request is non-certified. There was still no clear justification provided with regard to the necessity of the request. A reasonable clinical rationale is required for conditions not addressed in ODG. Also, a more recent and comprehensive assessment of the affected body part was still not established to have a clear picture of the current condition of the patient to necessitate the request for surgery. The review of literature stated that the diagnosis often requires complete history, physical examination, weight-bearing radiographs, and MRI. Exceptional factors were not identified. Furthermore, during the peer discussion with XX, the provider stated that the patient had not had prior surgery and was seen for the first time XX months ago. The patient did not have imaging and was sent for further therapy. The pain persisted, with a CT arthrogram of the XX completed. The patient has trouble with ambulating, with pain to palpation to the XX. The original injury was in XX, with a fracture treated with a XX and XX. The provider is unsure the type of fracture sustained. After this discussion, there was a long discussion on the patient's injury, fracture pattern, and imaging. It is felt that the first images taken of the XX need to be reviewed by the physician, as this may change the proposed surgery or approach; therefore, the request remains not supported. Furthermore, during the peer discussion with XX, the provider stated that the patient had not had prior surgery and was seen for the first time XX months ago. The patient did not have imaging and was sent for further therapy. The pain persisted, with a CT arthrogram of the XX completed. The patient has trouble with ambulating, with pain to palpation to the XX. The original injury was in XX, with the fracture treated with a XX and XX. The provider is unsure the type of fracture sustained. After this discussion, there was a long discussion on the patient's injury, fracture pattern, and imaging. It is felt that the first images taken of the XX need to be reviewed by the physician, as this may change the proposed surgery or approach; therefore, the request remains not supported."

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

The ODG does not address surgical intervention for XX XX injuries. The referenced article from the Open Orthopedics Journal states none of the XX XX test are sensitive or specific and therefore, the diagnosis of XX injury should not be made based on medical history and physical examination alone. The referenced medical literature supports operative intervention for confirm XX injuries. The available information indicates the injured worker had persistent XX XX pain and functional limitation approximately XX months out from conservative treatment that included medications, activity modification, a mobilization, and XX therapy. While the physical examination revealed a positive squeeze test, the MRI and CT arthrogram did not reveal any evidence of ligament injury or widening or disruption of the XX. When noting the lack of imaging findings delineating a XX injury, the requested open treatment, XX XX XX joint is not medically necessary. Recommendation is for upholding the two previous denials.

**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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

1. XX