MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.

2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: X
DATE OF AMENDMENT: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X
A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION
X.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X
EMPLOYEE CLINICAL HISTORY [SUMMARY]:
Mechanism of injury:
The claimant is a X who was injured on X while X was X. The claimant was diagnosed with bursopathy (intermetatarsal bursitis).

Diagnostic studies:
The claimant underwent an MRI of the right foot at X on X with the following impression: Mild intermetatarsal bursitis at the first, second, and third intermetatarsal webspaces. Otherwise, noncontrast MRI appearance of the right forefoot is grossly within normal limits for patient age.

Surgeries:
None provided for my review.

Conservative Treatment:
The claimant has been treated with conservative care including injection, Cam walker boot, physical therapy (X), and medications.

Medications:
X

Progress notes:
Progress Notes by X dated X documented the claimant to have complaints of 3-4 out of 10 on a verbal analog scale. “Patient returns today for clinical reassessment regarding X forefoot pain secondary to intermetatarsal bursitis. Previously, and transitioning patient out of the Cam walker boot, and back into regular shoe wear with a metatarsal pad bilaterally topical corticosteroid for continued application in conjunction with rest, ice, and elevation. Today, the patient continues to report Improvement. Pain Is now rated as a o-s out of 10 on a verbal analog scale. However, the patient is troubled that X Is still having issues despite wearing the dancer’s pad and taking It easy, Note the patient did not pick up the topical corticosteroid as previously instructed by me, and X Is now wearing the dancer’s pad today during the assessment, noncompliance, with my previous Instructions. The patient's gait is minimally antalgic, no limp, In long leg boots with heel wedges. Patient Is currently at work with restrictions. The patient continues to deny N/V/f/C/CP/SOB, or calf pain.” Objective findings on exam included Radiographs right foot, unchanged in-comparison to previous assessment… Orthopedic Assessment: “Manual muscle strength testing of the Achilles tendon remains within normal limits; graded as a 5 out of s. Negative Simmonds-Thompson, and negative extensor lag tests. Positive Siverskoid test; gastrocnemius equines. Negative single heel rise test; progressive collapsing foot deformity stage III its observed; and change in comparison to previous assessment. The ankle’s range of motion remains smooth throughout dorsiflexion and plantar flexion, without catching, locking, restriction, or crepitus. Dorsiflexion and eversion no longer produce in the anterolateral ankle Impingement today. The ankle complex remains stable, without observable deformity, or Instability, negative external rotation stress, negative Hopkins test, negative anterolateral, anteromedial, and anterior drawer tests. The posterior tibial tendon and peroneal tendons strength remain within normal limits, graded as 4 out of s. Tenderness Is no longer present with palpation along the course of the posterior tibial tendon, range of motion throughout the subtalar remains restricted with catching, locking, but no crepitus. Tenderness Is no longer reported with range of motion of the subtalar joint. Distally, the midtarsal joint range of motion remains smooth without any catching, locking, crepitus, or restriction. There is a reducible forefoot varus deformity appreciated. Tenderness persists to the 3/4th intermetatarsal spaces, unchanged in comparison to previous assessment. Negative Lachman stress test third and fourth metatarsophalangeal Joints. The distraction range of motion of the third and fourth metatarsal phalangeal joints produces minor tenderness, less so than is appreciated with palpation of the intermetatarsal spaces. Impression range of motion does not reproduce tenderness. Minor hallux valgus deformity again observed. Range of motion at the first MTPJ remains smooth without any locking, catching, or restriction. Negative axial grind test. No tenderness with palpation of the sesamoids. Negative vertical instability of the first ray. All 4 compartments of the leg remain soft and supple, and passive dorsiflexion of the digits at the MTPJ's of the foot does not illicit any

tenderness proximally. There Is no tenderness behind the knee in the popliteal fossa, and palpable cords, negative Homan, and Pratts Signs. Recommendation for bursitis was: The patient and I discussed the clinical and radiographic reassessment findings. X swelling Is down considerably; however, X did not pick up the topical corticosteroids for application 2·3 times daily as I previously Instructed and X Is not wearing the dancer's pad to offload the areas of intermetatarsal bursitis as previously Instructed, Prescription for topical steroid was sent to the patient's pharmacy, we then discussed where we go from here. At this time, I would like to rule out neuroma or some other atypical pathology. It may have been missed on the first MRI more than 3 months ago. MRI Is negative, we will proceed with reinjection, over the counter versus custom orthotics, continue topical corticosteroid use, as well as relative rest. MRI Is positive, we will go from there. At this time, the patient I will see each other next week for telephone encounter; the MRI is marked for stat."

Denial Letter:
Prior UR dated X denied the request for repeat X based on medical necessity has not been established stating "There is no current x-ray report. The patient has had sufficient time to be given the topical steroid. It is unclear as the provider stated that the patient did not pick up the topical steroid as instructed. My recommendation is to not-certify this request. Therefore, the requested X; is denied."

Reason for request:
Prior UR dated X denied the request for X based on preauthorization was not medically necessary and stated, "Per the ODG by MCG, repeat X is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant new pathology. In this case, the provider is requesting for a repeat X to rule a neuroma or some other atypical pathology that may have been missed out on the first X more than three months ago. However, based on the claimant's physical examination, there were no significant change in symptoms or findings that are suggestive of a significant new pathology. As such, the request for a repeat X is non-certified."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The X for Ankle and Foot Conditions ODG Guidelines" does not recommend the routine use of X for chronic foot pain, reserving its use for clinical scenarios where a change in examination findings or patient symptoms suggest new pathology. In this instance, the claimant previously underwent MR imaging which revealed bursa to the intermetatarsal spaces. Examination continues to reveal pain in those areas, and the patient is noted to have been non-compliant with the instructed use of topical medication and padding. An X has been ordered to ascertain if there is pathology that was not appreciated on the initial X, such as a neuroma. However, it is unclear how this would potentially change the treatment plan. Based on the X for Ankle and Foot Conditions ODG Guidelines", as well as the clinical documentation stated above, the request for an X IS NOT medically necessary.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**