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***Notice of Independent Review Decision  
Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

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

**REVIEW OUTCOME:**

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

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who sustained an injury on X. Initially X fell in X. Then again on X, at work, X

knee got dislocated and caused X to fall. X stated X popped X knee back into place, but X could not walk. The diagnoses included right X dislocation - healed in dislocated position; right OCD lesion talus - MRI and x-ray showed X. X was seen by X, DPM on X for right foot and ankle. X stated X pain was unchanged since the prior visit and rated X. X had remained non-weight bearing (NWB) with a CAM boot and knee scooter. X reported taking X as instructed to prevent blood clots. X continued to complain of significant pain at the right outer ankle as well as midfoot. On examination, X overall foot appearance was atraumatic and intact to each foot. Muscle bulk, tone, and strength were healthy and symmetric to all prime movers of each lower extremity. X exhibited pain upon palpation to the right Lisfranc ligament and lateral ankle gutter. X had no pain with the range of motion. On X, X presented to X, DPM for right foot and ankle. X pain level had remained the same and was rated X. X had remained NWB with CAM boot and crutches. X reported taking X as instructed to prevent blood clots. X continued to complain of significant pain at the right outer ankle as well as midfoot. X stated that X has been taking X for the pain. Worker's Comp had not approved X surgery so X wanted treatment options. X had seen no improvement in the pain since X was first referred to us for LisFranc fracture-dislocation. X had been NWB for a prolonged period of time and was not allowed to have surgery by X worker's comp. X planned on filing a complaint with the worker's comp company as X had seen multiple medical providers and they have all discussed with X that LisFranc injuries of this extent and chronicity were treated with surgery. X blood pressure was 150/94 mmHg (sitting) and X BMI was 50.6 kg/m<sup>2</sup>. Overall, X foot appearance was atraumatic and intact to each foot. Muscle bulk, tone, and strength were healthy and symmetric to all prime movers of each lower extremity. Pain upon palpation was noted to the right Lisfranc ligament and lateral ankle gutter. Palpable plantar step-off at the right second and third tarsometatarsal joints was noted. X exhibited pain with range of motion. X-rays of the right foot on X showed overall bone density was compatible with X age; overall soft tissue density was well maintained; structural pathology noted, second, third, fourth metatarsal-cuneiform articulations were deviated proximally and laterally; gap noted at the LisFranc ligament site; lateral view of the ankle showed cartilaginous lift at the talar body. An MRI of the right lower extremity dated X revealed a Lisfranc injury of the midfoot, with surrounding bone marrow contusion. An MRI of the right lower extremity dated X showed findings suggesting X. Treatment to date included X. Per the utilization review by X, MD on X, the request for prospective

request for X was non-certified. Rationale: “The Official Disability Guidelines recommended X. ORIF is also used in reconstructive surgery. In this case, the requested surgery is not warranted. The medical records attached to this case only contain a prescription with no clinical documentation to support the medical necessity of the request. Texas regulations do not allow a request for more information. Therefore, the request X is non-certified. The Official Disability Guidelines recommend identifying patients who are X. Since the requested surgery is not certified, the medical necessity of the requested X has yet to be established. Therefore, the request for X is non-certified. The Official Disability Guidelines recommended a cam boot as an option for mild-to-moderate ankle sprains following Achilles tendon repair and for stable ankle fractures. Since the requested surgery is not certified, the medical necessity of the requested X has yet to be established. Therefore, the request for X is non-certified. The Official Disability Guidelines mention that X is not recommended for the treatment of posttraumatic and postoperative edema in patients with ankle and hindfoot fractures. Since the requested surgery is not certified, the medical necessity of the requested X has yet to be established. Therefore, the request for X is non-certified. The Official Disability Guidelines recommend X. Since the requested surgery is not certified, the medical necessity of the requested X has yet to be established. Therefore, the request for X is noncertified. “Per the utilization review by X, DPM on X, the request for X was non-certified. Rationale: “The Official Disability Guidelines recommend X. The Official Disability Guidelines recommend X. Proceeding with the request for surgery is not supported, as no fractures were seen on imaging. In addition, there was X. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. Proceeding with this request is not supported, as the requested surgery has been non-certified. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. Proceeding with this request is not supported, as the requested surgery has been non-certified. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. Proceeding with this request is not supported, as the requested surgery has been non-certified. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. Proceeding with this request is not supported, as the requested surgery has been non-certified. Hence, the prospective request for X is non-certified. “The requested surgical procedure is not medically necessary as X were seen on imaging. In addition, there was X. No new

information has been provided which would overturn the previous denials. As the surgical request is not medically necessary, the ancillary requests are not supported. X are not medically necessary and non certified

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

The requested surgical procedure is not medically necessary as X were seen on imaging. In addition, there was X. No new information has been provided which would overturn the previous denials. As the surgical request is not medically necessary, the ancillary requests are not supported. X are not medically necessary and non certified

Upheld

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL