

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X **Amended**

Dates of Notice: X,

X

TX IRO Case #: X

This document contains important information that you should retain for your records.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

.X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X.

PATIENT CLINICAL HISTORY [SUMMARY]: X.

The record indicated the patient had a work-related injury on X but the mechanism of injury was not specified. The record indicated the patient had a X.

X noted X. There was some X. The X showed X. X were noted.

X from X revealed a X. There was X.

X ray of the left tibia from X revealed an X. No significant X noted. X was preserved.

On X the patient was seen for a follow up evaluation regarding left ankle pain, and to discuss X recent imaging results, and surgical intervention. The patient reported that X pain was localized along the anterior aspect of X left ankle. The patient also endorsed left tibia discomfort. During the physical examination, the provider indicated upon standing there was postural flattening present bilaterally, no visible swelling, and a little fullness to the anterior compartment was noted. The provider X. There was X. Per the MRI of left ankle report, it was noted that there was a X. X appeared intact. There were also some changes along the X.

There was some X. The provider indicated that the patient has recurrent symptoms along X anterior compartment that was X. The patient did not have significant X. The provider stated that the patient would want to proceed with X. The plan was to do X. The patient reported that X had X years of relief after X.

In the prior review, the request for X. Therefore, it was not considered medically necessary.

QUESTION/ANSWER:

1) X medically necessary?

Answer: No, the request for X is not medically necessary.

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

Per ODG, X. Not recommended for X.

Per Milliman Care Guidelines (MCG),X.

This X-year-old X endorsed recurrent pain along the anterior aspect of the left ankle. Physical exam

revealed healed X. The provider noted X. There was tenderness over the X noted. MRI of left ankle dated X revealed X. The provider indicated that the treatment plan was for X. Per the cited guidelines, X. Based on the medical record submitted for review, during the physical exam the provider noted X. Additionally, the provider did not indicate any previous X. As such, the request for X is not considered medically necessary. Therefore, the previous denial is upheld.

SOURCE OF REVIEW CRITERIA:

- 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
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

REVIEW OUTCOME:

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

- Upheld

ATTESTATIONS: X