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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 Overtuned 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. X sustained a fall with trauma to X right foot. The diagnoses included type 2 diabetes mellitus with diabetic polyneuropathy, primary osteoarthritis, right ankle and foot; Charcot's joint, right ankle and foot; and osteophytes, right foot. X was seen by X, DPM on X for a right foot evaluation. X was under care through infectious disease for intravenous antibiotics. X had no issues with wound healing since X started IV antibiotics. There was some concern for chronic osteomyelitis based on X advanced imaging. X was in regular shoes. X had been able to return to work with minimal issues. X endorsed a small area on the plantar lateral portion of the foot that was sore from time to time. Lower extremity physical examination revealed previous incision sites were healed. There were no signs of X. No X was noted. X was noted over the X. X were noted. X were X with brisk less than three-second capillary refill time. X was absent to the X. Muscle strength was X, equal, and symmetrical. X was noted over the X. X exhibited no pain with ankle joint range of motion. X-rays of the right foot and ankle revealed X; X through the previous hardware and previous repair through the X; X was plantar compared to X previous positioning with the X; a X noted over the X; no noted; a new X through the mid X foot laterally. X had already returned to work full duty. Secondary to X foot collapse on the plantar lateral portion, they discussed X. X was not sure what X wanted to do. X was going to take some time and think about it. At that juncture, X was able to return to work. They discussed X risks were the wound opening up on the X. X understood and X agreed with the treatment plan. Per the office visit note dated X, an MRI of the right foot on X showed significantly limited exam due to X. A nuclear medicine scan performed on X showed

findings suspicious for right foot infection. Treatment to date included X. Per the peer review by X, MD on X, the request for X was non-certified. Rationale: "Based on the documentation provided, the claimant presented for right foot evaluation. Physical exam revealed X noted over the X. X absent to the X. The claimant underwent X. Medical literature does not support the request, " X. Complete X." Since there was no documentation of formal imaging revealing osteoarthritis at failure of conservative treatment such as physical therapy, the need has not been established. Therefore, the request, X is not medically necessary. "Per the peer review by X, DPM on X, the request for X was non-certified. Rationale: "The guideline only recommend X for otherwise functional chronic patients who can no longer walk independently. In this case, this claimant has returned to work without new ulcers. Therefore, the request for X is not medically necessary." Agree that X is not medically necessary since there is limited evidence in the submitted medical record for the presence of X. There is some suspicion of X per X MRI. X is the gold standard and standard of care for diagnosis of X. Therefore, X would be considered medically necessary as part of evaluation of this condition. The denial of the X is overturned but that for the X is upheld. X is not medically necessary and non certified

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

Agree that X is not medically necessary since there is limited evidence in the submitted medical record for the presence of X. There is some suspicion of X per X MRI. X is the gold standard and standard of care for diagnosis of X. Therefore, X would be considered medically necessary as part of evaluation of this condition. The denial of the X is upheld. X is 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- 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)**