



MedHealth Review, Inc.
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**Notice of Independent Review Decision
Amended report X**

DATE NOTICE SENT TO ALL PARTIES: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X sustained an injury on X and is seeking authorization for a X. A review of records indicated the enrollee was being treated for X. Conservative treatment included an ankle brace and medications.

The X MRI of the left ankle has X.

The X progress report has the injured worker with the same intense pain with no improvement. X has significant pinpoint tenderness to the X. The pain is rated at X. The exam reveals X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with X. There is pinpoint tenderness around the X. Strength is X in all planes. There is X noted. The treatment plan included a X.

The X progress report has the injured worker with the same intense pain with no improvement. X has significant pinpoint tenderness to the X. The pain is rated at X. The exam reveals X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with eversion around the X. There is pinpoint tenderness around the X. Strength is X in all planes. There is X noted. The treatment plan included medications and an MRI.

The X progress report has the injured worker with X pain status remaining the same with no improvement in comparison to the last visit. X pain is X. Walking worsens X condition with significant pain associated with a burning sensation. The pain is rated at X. The exam reveals X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with eversion around the X. There is pinpoint tenderness around the X. Strength is X in all planes.

There is X noted. The treatment plan included medications and surgery.

The X utilization review denied the requested X. The rationale states there is no provided radiologist report to support the X, which is indicated per ODG for significantly displaced fractures. Additionally, surgery for ankle sprains per ODG requires treatment with physical therapy, which was not documented to have been tried.

The X progress report has the injured worker with continued severe pain in X left ankle that X. Walking worsens X condition with significant pain associated with a burning sensation. The pain is rated at X. The exam reveals X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with eversion around the X. There is pinpoint tenderness around the X. Strength is X in all planes. There is X noted. X needs repair of X. If X were to undergo physical therapy, this could make the X.

The X progress report has the injured worker with left foot/ankle pain. X has continued severe pain in X left ankle. X pain is X. Walking worsens X condition with significant pain associated with a burning sensation. The pain is rated at X. The exam X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with eversion around the X. There is pinpoint tenderness around the X. Strength is X in all planes. There is X noted. X needs repair of X. If X were to undergo physical therapy, this could make the X.

The X utilization review denied the requested X. The rationale states there is no MRI evidence of a X. There is no evidence of X.

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

As per ODG, “Criteria for Surgery for X
”

This X was being treated for X. X presented with continued severe pain in X left ankle that is X. Walking worsens X condition with significant pain associated with a burning sensation. The pain is rated at X. The exam reveals X. X has X. Pain is exacerbated with inversion and plantar flexion and some pain is noted with eversion around the X. There is pinpoint tenderness around the X. Strength is X in all planes. There is X noted.

However, detailed documentation regarding a X on the provided MRI from X. Additionally, on the formal MRI report, there is a lack of any tearing of the X. There are noted X. Moreover, a trial and failure of recent, reasonable, comprehensive, less invasive conservative care measures is not evident. This is typically needed, as per ODG guidelines, X. No compelling rationale is presented, or extenuating circumstances noted to support the medical necessity of this request as an exception. Therefore, the request for the X is not medically reasonable or necessary.

**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 JUDGEMENT, CLINICAL
EXPERIENCE AND EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES**
- PRESSLEY 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)**