

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or health care provider 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)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X who sustained an injury on X and diagnosed with spontaneous rupture of other tendons, right ankle and foot; stress fracture, right foot; pain in right ankle and joints of right foot; and pain in right leg. The claimant is requesting coverage X.

Progress Notes by X dated X documented the claimant presented for X MRI results and continues to report pain to be X out of X. The claimant was documented taking X. X further documented the claimant's location of injury involves the X. The claimant rates X pain level X out X and worst pain X out of X. The claimant reported the injury occurred one month prior to office visit with alleviating factors that include: position change, heat, ice, rest, elevation, over-the-counter (OTC) medications, and NSAIDs; and aggravating factors include standing, walking, twisting, bending/squatting, pushing or pulling, range of motion, weightbearing, exercise, and walking upstairs or downstairs. The claimant reported associated symptoms which include weakness, numbness, tingling, swelling, catching/locking, popping/clicking, buckling, grinding, instability, and radiation down long. Prior MRI of the right ankle taken on X revealed X." Weight bearing left showed "X." The claimant was further documented having "X." X further reported tenderness involving the claimant's "X. There is X. There is acute X." Also included is X. The claimant was reported having a X. The ligament stress maneuvers of the left foot/ankle include X. The left toes showed X. X documented "X. There is a X. There is X. There is X. Patient with a X. The claimant elected to proceed with a X. X further documented that the X is considered to be medically necessary due to the claimant's orthopedic condition.

Progress Notes by X dated X documented the claimant continued to report experiencing pain and rates it X but that "X. X further documented the claimant has received X. The claimant was given X.

Progress Notes by X dated X documented the claimant continues to experience pain and rates it at X out of 10. The claimant also reports improvement with X.

Denial Letter by X dated X denied the claimants request for X stating, "As requested, a second contracted physician who was not involved in the original non-certification has reviewed the original information, supplemented by additional medical records submitted and/or peer discussion(s) with the treating provider. The second physician has upheld our original non-certification. Specific Request: X; Determination: Appeal Upheld by Physician Advisor; Ref #: X; requested unites: X; Approved Units: 0; Start Date: X; End Date: X; Physician Advisor Decision date X . The above review was made based on the adopted treatment guidelines for the Texas Department of Insurance, Division of Workers' Compensation, Official Disability Guidelines, excluding Return to Work Pathways, published by the Work Loss Data Institute."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X who sustained an injury on X and diagnosed with spontaneous rupture of other tendons, right ankle and foot; stress fracture, right foot; pain in right ankle and joints of right foot; and pain in right leg. The claimant is requesting coverage for X.

The claimant has sustained injuries that include X. Weightbearing evaluation by the treating physician revealed X. The claimant was further documented to have a X. There was X.

In summary, the claimant was noted to have X. There is a X. There is also X. The claimant X. Based on the treating physician's evaluation, X was

considered to be medically necessary due to the X. The claimant underwent X which was noted to have helped decrease pain. The claimant also was prescribed a X.

X can be useful and prescribed in situations where there is X. X play a crucial role in managing X. The ODG Guidelines state for X." X are tailored to each patient's specific needs, providing support, alignment, and comfort. Orthopedic surgeons often consider them as a X.

A X may be required if you have X. The X is more costly, but it allows the doctor to better control the position your foot. X, as requested in this case, are appropriate and indicated.

Therefore, it is the professional opinion of the reviewer to overturn the decision to deny X. This opinion was solidified due to medical necessity for the reasons listed above.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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