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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. X was unloading a vehicle and stepped down wrong with right foot causing it to invert. X had immediate pain and swelling in right foot. The diagnoses included sprain of calcaneofibular (CF) ligament, right.

X was seen by X, DPM on X for right ankle pain. X reported that after the injury X had x-rays and was told X had a severe sprain. X started back to work finding it difficult to walk. X did therapy on ankle with little improvement. X continued to have significant swelling with walking. X body mass index was 41.2 kg/m². X was antalgic. Right ankle / foot examination revealed mild foot planus and hallux valgus, compensating flat foot, tenderness of the medial ankle, lateral ankle, gutter ankle, calcaneal tuberosity, navicular tuberosity, dome of talus, head of talus, inferior tibiofibular joint, and Achilles tendon insertion; clicking, catching, and painful range of motion. X exhibited right anterior Drawer test pain and instability, talar tilt pain and instability, ankle eversion feet deltoid ligament complex abnormal; clunk test distal tibial-fibular ligament complex positive, and squeeze test, tibial-fibular diastasis pain. X-rays of the right ankle showed X. Ultrasound of the right ankle revealed X. Per the note, MRI of the right ankle showed X.

Treatment to date included medications X.

Per the utilization review by X, DPM on X, the request for X were non-certified. Rationale: "An X is warranted given the instability on examination, though a partial certification could not be made as there was no peer discussion. As such, the request is not supported. Therefore, X is not medically necessary. "The most recent clinical documentation reveals a prior right ankle ultrasound. There is no rationale as for the need for repeat

testing. Therefore, X is not medically necessary.”

Per the utilization review by X, DPM on X, the requests for X were upheld. Rationale: “X-rays were reviewed. There is still pain and swelling in the right ankle. The bilateral tendon reflex is X. The sensation is X. The muscle displays X. An X was dispensed. No physical therapy was done. No additional information was submitted to overturn the decision. Therefore, the requested appeal for X is non-certified and upheld.” “X-rays were reviewed. There is still pain and swelling in the right ankle. The bilateral tendon reflex is X. The sensation is X. The muscle displays X. An X was dispensed. No X was done. No additional information was submitted to overturn the decision. The request is not medically necessary. Therefore, the requested appeal for a X is non-certified and upheld.”

The cited articles provide support for bracing to reduce the re-injury potential following grade II ankle sprains. It is documented that a brace was previously dispensed. The condition of that X or reason for replacement was not documented. Therefore, an additional X would not be warranted at this time pending further information regarding the status of the X. The previous denial of the X is upheld.

With regard to X to evaluate the normal status of healing, the Official Disability Guidelines do not recommend this service with this indication. Criteria for C have not been met. Therefore, the previous denial is also 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:

The cited articles provide support for X to reduce the re-injury potential following grade II ankle sprains. It is documented that a X was previously dispensed. The condition of that X or reason for X was not documented.

Therefore, an additional X would not be warranted at this time pending further information regarding the status of the already dispensed brace. The previous denial of the brace is upheld.

With regard to X to evaluate the normal status of healing, the Official Disability Guidelines do not recommend this service with this indication. Criteria for X have not been met. Therefore, the previous denial is also 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:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE