

IRO Certificate No:

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X with a request X.

On X, a progress note was completed by X, PT. The patient was seen due to complaints of pain in the right ankle, rated X. X was evaluated for a non-displaced dome fracture of the right talus, noting improvements in ankle stability, strength, and stair navigation, with patient functioning at X of the prior level of function. X ambulated independently with an antalgic gait pattern with a donned boot, decreased step and stride length, narrowed base of support, decreased cadence and increased trunk lean. X had limited range of motion (ROM) and strength in the right ankle/foot. Objective findings showed X. X had X. X was recommended to continue X.

On X, a Notice of Adverse Determination was completed by X. The letter indicated that the request for X was denied. The patient has had X. There was X.

On X, a Notice of Appeal Adverse Determination was completed by X. The letter indicated that the plan upheld the denial for X. It was noted that the patient suffered a X. A X. A X. X for the patient's problem involving the angle. X the patient more than X.

On X, a visit note was completed by X, PA-C. The patient X. X is slowly improving and can X. X x-rays showed a healing fracture about the talus with new callus formation and no further displacement. Continued nonoperative treatment was recommended as well as continued X. X was cleared from an orthopedic standpoint but can remain on the same restrictions at work and was advised to follow-up with X treating physician on management of work status updates. As long as the patient receives some X.

On X, a Referral Order was completed by X, PA-C. The provider noted a referral for X.

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

1) **X considered medically necessary?**

Answer: X is not considered medically necessary.

In this case, the patient X. X had X. X was noted with improvements in X. Objective findings showed fair progress in X. The patient has had X. X follow-up on X indicated that X is slowly improving and can X. X x-rays showed a X. X was cleared from an X. X was recommended and given a referral for X.

Although the patient's most recent follow-up noted a X. Per ODG, medical treatment for X. Since the patient has X. Therefore, the denial of X is upheld. However, X is considered medically necessary for this patient.

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 (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)