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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 is a X who was injured on X. X was coming down some stairs at work, kind of mis stepped on some rocks, and X had medial thigh, groin, and knee pain since that time. The diagnosis was injury of right peroneal nerve (X) and right lower extremity pain (X). On X,X, MD evaluated X for chief complaint of right knee pain. X was transitioning into care from another physician (Dr. X). X presented for a second opinion for right lower leg pain since X, approximately 11 months from date of injury. X reported rolling X ankle at work on a rock with pain going up the medial aspect

of X ankle often X ankle. X developed medial lower leg and medial thigh pain, with pain to the touch. X performed physical therapy which did not seem to help much. X then started to have pain on X lateral lower leg a few months later. The pain over her lateral lower leg was the most bothersome, stabbing, radiating to X foot, worse with walking, climb stairs, and bending X knee. Since walking was a significant aggravating factor, X was limited in performing X job, requiring X to walk and climb stairs. The pain was better with compression at this sight, using a tennis elbow brace. X applied heat which did not improve. X used a combo of X and X which helped a bit. X also used ice which helped. X reported seeing Dr. X with pain management and receiving epidural steroid injections in X lower back and the tender spot over the lateral lower leg without improvement of X pain. X had an ultrasound of X lower leg which X reported someone saying something about the fascia. X also had an MRI of X entire leg. X was being treated for an eosinophilic disorder by X rheumatologist who previously performed a "soft tissue test" which was negative. X had also been seen by neurologist Dr. X. X saw a hematologist in X for adrenal and pituitary dysfunction after taking oral steroids for a long period of time. X saw Dr. X for X right leg pain who recommended a second opinion. On examination, right lower leg revealed tenderness to palpation over the popliteal fossa and over proximal lateral lower leg over muscle of fibularis longus / extensor digitorum longus region, tenderness to light touch over medial proximal lower leg. X had full active range of motion of knee with pain upon flexing the knee more than 90 degrees. There was positive Tinel's over common peroneal nerve and lateral sural nerve. X gait was antalgic but able to walk on bilateral lower extremities without assistive device. The recommendation was for X. An MRI of right lower extremity dated X, revealed small amount of retrocalcaneal bursal fluid may reflect bursitis. There was unchanged lobulated, multilobulated fluid collection along the popliteus myotendinous junction at the level of the proximal tibia, far proximal from the superficial skin marker, likely reflecting a ganglion. An MRI of the right femur dated X revealed curvilinear signal alteration of the femoral heads right greater than left. Findings highly suggestive of avascular necrosis. There was hamstring tendinosis change and some narrowing of the ischiofemoral space with some edema of the quadratus femoris muscle on the right. The remaining muscular structures, neovascular structures, remaining osseous structures and adipose tissue of the right thigh showed no acute abnormality. Treatment to date included medications, physical therapy, and intra-articular steroid injections. Per a utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The ODG conditionally recommends a X for leg conditions to assess whether marked pain relief occurs, and X could be added for potential therapeutic relief. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included activity modification, compression, topical lidocaine and NSAIDs, an epidural steroid injection, and ice. The exam is pertinent for positive Tinel's over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is impacting activities of daily living. In this scenario, an X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG conditionally recommends X. X is not recommended for X. X can be considered if there has been

trial and failure to therapeutic exercise, NSAIDs or muscle relaxants and when there are well circumscribed trigger points with palpation producing a twitch response and referred pain. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does not suggest that there are findings consistent with chronic myofascial pain or that supported conservative treatments have been exhausted to potentially support the X in this case. Lastly, there was no rationale to support ultrasound guidance for the X. As such, the request for X is non-certified. "Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The Official Disability Guidelines recommend X for evaluation and treatment of neuromas, but not for genicular nerves. While X are recommended for chronic myofascial pain associated with X. The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and positive Tinel's over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has X and there was no recommendation of X to warrant X. Thus, the request for X is noncertified. "On X, X, MD provided an appeal letter for the request of X. Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The ODG conditionally recommends a X for leg conditions to assess whether marked pain relief occurs, and cortisone could be added for potential therapeutic relief. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included activity modification, compression, topical lidocaine and NSAIDs, an epidural steroid injection, and ice. The exam is pertinent for positive Tinel's over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is impacting activities of daily living. In this scenario, X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG conditionally recommends X for chronic myofascial pain. X is not recommended for X. X can be considered if there has been trial and failure to therapeutic exercise, NSAIDs or muscle relaxants and when there are well circumscribed trigger points with palpation producing a twitch response and referred pain. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does not suggest that there are findings consistent with chronic myofascial pain or that supported conservative treatments have been exhausted to potentially support X in this case. Lastly, there was no rationale to support ultrasound guidance for X. As such, the request for X is non-certified." Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The Official Disability Guidelines recommend X for evaluation and treatment of neuromas, but not for genicular nerves. While X are recommended for chronic myofascial pain associated with trigger point(s). The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and positive Tinel's over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has neuroma to warrant X and there was no recommendation of X to warrant X. Thus, the request for X is noncertified." There is insufficient information to support a change in determination, and the

previous non-certifications are upheld. The request is for X and guidelines would not support X as subsequent X should be based upon patient response to X. Guidelines support X for evaluation and treatment of neuroma, and it is unclear if this patient presents with neuroma to support performance of X. Diagnoses are listed as injury of right peroneal nerve, sprain of other ligament of right knee, right knee strain, inguinal strain, right. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. 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:**

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The ODG conditionally recommends a X for leg conditions to assess whether marked pain relief occurs, and X could be added for potential therapeutic relief. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included activity modification, compression, topical lidocaine and NSAIDs, an epidural steroid injection, and ice. The exam is pertinent for positive Tinel's over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is impacting activities of daily living. In this scenario, X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG conditionally recommends X for chronic myofascial pain. X is not recommended for X. X can be considered if there has been trial and failure to therapeutic exercise, NSAIDs or muscle relaxants and when there are well circumscribed trigger points with palpation producing a twitch response and referred pain. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does not suggest that there are findings consistent with chronic myofascial pain or that supported conservative treatments have been exhausted to potentially support the X in this case. Lastly, there was no rationale to support ultrasound guidance for the X. As such, the request for X is non-certified." Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The Official Disability Guidelines recommend X for evaluation and treatment of neuromas, but not for genicular nerves. While X are recommended for chronic myofascial pain associated with trigger point(s). The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and positive Tinel's over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has neuroma to warrant X and there was no recommendation of X to warrant X. Thus, the request for X is noncertified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request is for X and guidelines would not support X as subsequent X should be based upon patient response to X. Guidelines support X for evaluation and treatment of neuroma, and it is unclear if this patient presents with

neuroma to support performance of X. Diagnoses are listed as injury of right peroneal nerve, sprain of other ligament of right knee, right knee strain, inguinal strain, right. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. 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
- 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL