

Independent Resolutions Inc.
Notice of Independent Review Decision

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. The biomechanics of the injury is not available in the records. The diagnosis was metatarsalgia of left foot, stable (X) and pain in left foot, stable (X).

On X, X, MD evaluated X for a follow-up of left foot. X was X. X had occasional aching at left ankle / foot and occasional swelling. Associated symptoms included swelling with activity and complaints as expected. Aggravating factors included sitting and increased activities. X was weightbearing as tolerated (WBAT) in accommodative shoes and completed physical therapy (PT). X continued to have pain at the metatarsal pad. On examination of left foot, there was well healed incision. X gait was X. There was edema as expected postoperatively. X had significant tenderness to palpation at the 2nd and 3rd MPJ. The range of motion was X. X was X. There was no obvious instability. There were good vascular pulses. X-rays of the left ankle / foot obtained on X revealed normal bone quality. There was moderate degenerative joint disease (DJD) of hallux MPJ. There was no loss of alignment or plantar arch. There were no osteophytes and no bone lesions. There was healed 5th metatarsal fracture. Dr. X recommended X.

Treatment to date included X.

Per a utilization review initial adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the documentation provided, the claimant has been recommended for X. The claimant is a X that was injured on X. Exact mechanism of injury not documented. Surgical history X on X. On X, the claimant presented to X, MD for left foot follow-up. Examination of the left foot revealed edema as expected postop, significant tenderness plantar 2nd and 3rd MPJ. In this case, the claimant has had X in treatment. There is no evidence that the claimants condition is ongoing in relation to the work injury. Medical necessity cannot be established for X."

Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X is denied. Rationale: "ODG by MCG do not address the request for X. Peer-Reviewed Literature Cited: X. ODG by MCG Last review/update date: X Surgery for X. The patient was diagnosed with a displaced fracture of the fifth metatarsal bone of the left foot, subsequent encounter for fracture with delayed healing, metatarsalgia of the left foot, and pain in the left foot. The requested X is not medically necessary. The submitted imaging report as well as medical records do not support the surgical request. An independent imaging report has not been submitted for review. There is no documentation to demonstrate the patient has attempted appropriate conservative treatment. As such, the guidelines have not been met. Therefore, the requested X is non-authorized."

In this case, the claimant has ongoing pain at the left foot status post hallux cheilectomy with arthrotomy of the 2nd through 4th metatarsophalangeal joints. The current physical exam noted some post-operative edema at the left foot which was expected. There were no other concerning findings noted on the physical exam. The records did not include further formal imaging reports for the left foot detailing additional pathology at the 2nd and 3rd metatarsophalangeal areas that would support X as requested. Therefore, in this reviewer's opinion medical necessity is not established and the prior denials are upheld. Requested 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:

In this case, the claimant has ongoing pain in the left foot status post hallux cheilectomy with arthrotomy of the 2nd through 4th metatarsophalangeal joints. The current physical exam noted some post-operative edema at the left foot which was expected. There were no other concerning findings noted on the physical exam. The records did not

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include further formal imaging reports for the left foot detailing additional pathology at the 2nd and 3rd metatarsophalangeal areas that would support Xs requested. Therefore, in this reviewer's opinion medical necessity is not established and the prior denials are upheld. Requested X is not medically necessary and non-certified.

Upheld

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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