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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:

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 was injured on X. The mechanism of injury was not provided in the documented medical records. The diagnosis was peroneal tendon injury, left; osteochondral defect of ankle; and stiffness of left ankle.

On X, X was evaluated by X for stiffness of the left ankle. X had completed X. X could not perform recreational activities independently. X reported X was performing X. On examination of the left ankle and foot, there was X pain. Range of motion was as follows: Dorsiflexion active range of motion (AROM) of X degrees, passive range of motion (PROM) of X degrees and X muscle performance. Plantarflexion AROM of X degrees and X muscle performance. Inversion AROM of X degrees and X muscle performance. Eversion AROM of X degrees and X muscle performance. On joint mobility evaluation, the talocrural joint revealed hypomobile and painful anterior glide, posterior glide, and distraction. Subtalar revealed hypomobile and painful medial glide and lateral glide. It was noted that X reached X of X functional goal at that visit. The impairment list included AROM, PROM, and muscle performance. It was noted that as expected, X presented with deficits most notable in left ankle dorsiflexion ROM. X had demonstrated the ability to lift up to X pounds and push / pull up to

X pounds. It was recommended that X return to the physician to determine further plan of care. X was performed to include X. X was seen by X, MD on X. X stated X still had no improvement of the left ankle with limited range of motion and was going to the gym since X was denied. X had not been working. X was X months out from surgery at the time. X was denied again. X reported unchanged symptoms and continued to struggle with X ankle dorsiflexion. On musculoskeletal exam, left ankle surgical incisions remained well-healed. No significant swelling was noted. X motion was slowly improving. X could only get X to about X degrees of dorsiflexion and X degrees of plantarflexion. Most of X pain was related to X capsule and ankle being stiff. X was nontender over the anterolateral ankle joint and distal fibula that day. X opined that X was approximately X of the way toward meeting the physical requirements of X job. The assessment was left ankle fracture, osteochondral defect of ankle, left peroneal tendon injury, and stiffness of left ankle. X recommended X, and noted that X was still dealing with the same issues at the time with ankle stiffness. X continued to be denied. At that point, X wanted to do a X. On X, X, MD evaluated and treated X for the chief complaint of left ankle pain. X had not been working. X is X months out from surgery and felt like overall, X had made some progress, but X continued to have discomfort in the ankle and felt like X walked with a limp. This got worse the previous week when the weather got cold. X had not received approval for conditioning yet. On musculoskeletal exam, left ankle surgical incisions remained well-healed. No significant swelling was noted. X motion was unchanged. X could only get X to about X degrees of dorsiflexion and X degrees of plantarflexion. Most of X pain was related to X

capsule and ankle being stiff. X was nontender over the anterolateral ankle joint and distal fibula that day. X opined that X was approximately X of the way toward meeting the physical requirements of X job. The assessment was peroneal tendon injury, left; osteochondral defect of ankle; and stiffness of left ankle. Dr. X recommended X for the diagnosis of stiffness of left ankle, not elsewhere classified. X documented that all of X symptoms were from some anterior ankle fibrosis after X injury and surgery. X still lacked X degrees of ankle dorsiflexion. X ordered an ankle flexionater for X to see if they could get this better. X also resubmitted for X work conditioning program, as X did think X would benefit from this to allow X to get back to X pre-injury level of employment. Restrictions were kept unchanged and included the following: maximum hours of standing and walking X, maximum hours of climbing (stairs / ladders) X, and may work the entire shift.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "On X, a Referral was submitted by X for X. X for the X. As noted in ODG's Fitness for Duty Chapter X topic, those individuals receiving treatments through a X program should have a specific defined return to work goal or job plan, ideally agreed upon by the employer and employee. Here, however, there was no mention or discussion of whether the employee does or does not have a job to return to as a X. There was no mention or discussion of a timeline having been developed to returning the claimant to full duty work. Pursuit of the X. Therefore,

the request for X, is not medically necessary.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was noncertified by X, DO. Rationale: “Prior utilization review on X had noncertified request for X. The reviewer at that time documented that there was no mention or discussion with the claimant did or did not have a job to return to as a X. Appeal request for X. Request is for an appeal regarding noncertification of X on X. The reviewer at that time documented that there was no mention or discussion with the claimant did or did not have a job to return to as a X, no mention regarding discussion of the timeline developed returned claimant back to full duty, and therefore X. Updated progress notes on X were provided for review. The progress notes documented that the claimant was following up regarding injury to the left ankle with persistent pain and has been unable to return to work as a X. It was indicated that the X request was denied, symptoms worsen secondary to cold-weather, and review of systems noted that the claimant had complaints of joint and muscle pain. On examination of left ankle, surgical incisions were well healed, no significant swelling, range of motion was slowly improving, dorsiflexion X, plantar flexion X, and there was stiffness. Guidelines state that X. WC visits are typically more intensive than regular X. Consistent with all X. A reassessment after X weeks should determine whether completion of the current program is appropriate or whether other alternatives should be considered. Timelines: X. In this case, although the claimant had been unable to work and X. Therefore, the Appeal request for X is not medically necessary.”

Based on the submitted documentation, the requested X is not medically necessary. The documentation provided does not include the job duties of the claimant. There is no documentation that the claimant has attempted to return to work. No new information has been provided which would overturn the previous denials. 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 submitted documentation, the requested X is not medically necessary. The documentation provided does not include the job duties of the claimant. There is no documentation that the claimant has attempted to return to work. No new information has been provided which would overturn the previous denials. 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