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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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. The**

biomechanics of the injury is not available in the records. The diagnosis was pain in left ankle and joints of left foot (X), strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg (X) and loose body in left ankle (X). On X, X, DPM evaluated X for chief complaint of left ankle pain. X returned for clinical reassessment and review of left ankle MRI. X had not been successful. There was no documentation that X contacted the office for any reason since previous assessment. At the time of visit, they would discuss how X was doing, and update the plan of care, accordingly. X continued to deny nausea / vomiting / fever / chest pain / shortness of breath or calf pain. An MRI of left ankle was X. There was an admission on the course of the peroneal tendons. This could be compared to previous MRI obtained earlier that year. Focused left lower extremity assessment revealed X. X remained brisk, X. Temperature of the extremity remained warm to warm from X. X was observed to the left ankle. X were not observed. X growth was absent. Orthopedic assessment revealed X. There was again persistent tenderness with palpation of the X. Palpation of the X. The ankle complex was stable, without observable deformity, or instability. The posterior tibial tendon and peroneal tendons strength remained within normal limits, graded as X and X. Some subjective tenderness was reported during eversion was resistance. Smooth range of motion throughout X. Maximal plantarflexion of the ankle again did elicit some tenderness as well. All X compartments of the leg X. X continued to have X. X did have X. There was no mention of any X although Dr. X suspected some X. An MRI of left ankle dated X revealed X. There was X. Findings were most suggestive of a X. However, if there was pain directly referable to this region or palpable increase in size of this structure follow-up examination with and without intravenous contrast should be considered to re-evaluate. There were X. There was no evidence of X. Treatment to date included X. Per a peer review and utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the provided documentation, the claimant has left ankle pain. Physical examination of the left ankle revealed X. Per ODG by MCG, Foot and Ankle Chapter, X. Although X. When approval occurs for individual patients beyond these guidelines, then only X. Specific conditions are discussed below. While the claimant has left ankle pain, the guidelines do not recommend this treatment for ankle condition. There is no indication of rationale to support the requested treatment outside of guideline recommendation. Therefore, the request is not medically necessary. "Per a peer review dated X and a reconsideration / utilization

review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: "This case had a previous determination. The case was non-certified. "ODG by MCG Last review/update date: X: X. Although X. In this case, the patient has X. There is no indication in the medical record of any other X. Magnetic Resonance Imaging (MRI) also does not indicate any peroneal pathology. No new evidence has been provided that warrants an exception to the guidelines. The appeal request is not medically necessary. Therefore, the appeal request for X) is non-certified and upheld. "When approval occurs for individual patients beyond these guidelines, then only a X." As long as X. As such, the recommendation is to overturn the previous denials and allow the X. X is medically necessary and certified

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

When approval occurs for individual patients beyond these guidelines, then only a X." As long as X. As such, the recommendation is to overturn the previous denials and allow the X. X is medically necessary and certified  
Overturned

**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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- 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)**