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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:

- 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 at work on X, when X. The diagnosis was strain of muscle and / or tendon of lower leg and tenosynovitis of right ankle.

On X, X was evaluated by X, PA for ankle pain. X sustained a right ankle injury at work on X. X had been X. At X previous visit on X, X spoke with X work case manager who was to check on the status of X. At the time, they had yet to hear back regarding the approval or denial of X. X stated X had tried to contact X work case manager, but X had been nonresponsive. X presented that day for X routine follow-up evaluation rating X pain at X. X presented weightbearing as tolerated on the right lower extremity and was utilizing a pair of good, supportive shoes. Examination of the right ankle X. Ankle eversion strength was X had significant pain over the peroneal tendons and also had pain over the tibiotalar joint line and medial gutter. X-rays of the right ankle from previous were reviewed and showed X. The ankle joint was symmetric and congruent. MRI of the right ankle originally dated X showed a X. These appeared to show the longus splitting the brevis into two pieces. Repeat MRI of the right ankle dated X also showed a X. The assessment was chronic X. X noted that X had X. X had been working limited hours, but X work hours would be increased at X. X physical examination correlated with X MRI findings suggestive of peroneal tendon pathology (peroneus brevis tear) with associated tibiotalar joint pain. It was recommended that X. In addition, X would X. X was outpatient and required both X. Postoperatively, X would be X. The risks and benefits of surgery were discussed. X would be recommended for deep venous thrombosis (DVT) prophylaxis postoperatively. All questions were

answered to X satisfaction. The surgery would be scheduled at X earliest convenience following Workers' Compensation authorization.

Review of x-rays of the right ankle from previous were reviewed and showed X. MRI of the right ankle originally dated X showed a X. These appeared to show the longus splitting the brevis into two pieces. Repeat MRI of the right ankle dated X.

Treatment to date included X.

Per a utilization review initial adverse determination letter dated X, the request for X was denied by X, MD. Rationale: ““Per Official Disability Guidelines, Ankle and Foot Chapter, Online Version (updated X), Peroneal Tendinitis/Tendon Rupture (Treatment), Ankle and Foot Conditions, "X." Based on the documentation provided, the claimant has a history of X. The claimant reports persistent right ankle pain in the anterior and medial aspects that radiates posteriorly along the Achilles tendon. The physical examination revealed X palpable dorsalis pedis and posterior tibialis pulses; sensation intact; well healed scar along the lateral aspect of the midfoot; X strength; pain along the medial aspect of the tibiotalar joint line and medial gutter; and anterior drawer and varus tilt testing demonstrate X laxity with a solid endpoint. X-rays performed on X revealed X. An MRI of the right ankle signed by X, MD performed on X revealed X. In this case, the claimant has treated with medications. However, the MRI notes that X. Furthermore, there is no documentation of limited range of motion, ankle instability and/or stiffness on exam. Thus, medical necessity has not been established. Therefore, this request is not certified.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Based on the review of the provided documentation, the claimant had complaints of

the right ankle. According to the most recent note on X, the examination was unremarkable. This case was previously denied as the MRI notes that X. Thus, medical necessity has not been established. Therefore, this request is non-certified. However, there continues to be no documentation of examination findings that would warrant surgery. Therefore, the appeal request is recommended noncertified.”

Based on the submitted documentation, the requested surgical procedure is not medically necessary. There are insufficient imaging and examination findings which would support the surgical request. No new information has been provided which would overturn the previous denials. Thus, medical necessity has not been established. The request remains not medically necessary. 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 surgical procedure is not medically necessary. There are insufficient imaging and examination findings which would support the surgical request. No new information has been provided which would overturn the previous denials. Thus, medical necessity has not been established. The request remains not medically necessary. 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