

IRO Express Inc.
Notice of Independent Review Decision

IRO Express Inc.
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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

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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. X was injured when a desk fell on X disk. The diagnosis was right ankle sprain.

On X, X was seen by X, DPM for right foot and ankle complaints. X presented that day for X MRI review. X was being treated for an ankle sprain, ankle instability and peroneal tendinitis. X was X days out from X initial office visit on X but roughly a year since X initial injury. X continued to complain of ankle instability when ambulating on uneven surfaces. X was weightbearing as tolerated and complained of occasional aching and swelling. The pain was rated as 5/10 along the lateral aspect of the right ankle. On examination weight was 240 pounds and body mass index 36.5 kg/m². Examination showed pain was still noted during palpation to the anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) anterior lateral ankle ligaments. Soft tissue swelling and joint effusion was noted to the anterior lateral aspect of the ankle joint and sinus tarsi with 2+ non-pitting edema. Anterior drawer test was positive. There was pain with stress inversion / talar tilt testing. X was still noted to have instability and difficulty performing single heel rise on the right lower extremity with weakness noted. Muscle strength in all directions of right lower extremity was 4/5 with pain noted during eversion and plantarflexion movements. Antalgic gait was still noted. Moderate pain was also noted during palpation to the peroneal tendons starting the retromalleolar area and extending to the styloid process of the fifth metatarsal. An X was recommended.

An MRI of right lower extremity (foot) dated X showed the distal most portions of the peroneus brevis and peroneus longus tendons were visualized on this study and appeared intact. No acute osseous, ligament or tendon injury were noted. Possible mild second intermetatarsal bursitis was noted. An MRI of the right ankle

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dated X revealed small ganglion cyst along the dorsal margin of the second tarsometatarsal joint. No acute findings were noted in the ankle. An MRI of the right foot dated X demonstrated small fluid collection dorsal to the second tarsometatarsal joint probably representing a ganglion cyst. Small area of soft tissue thickening and effacement of the subcutaneous fat along the plantar surface of the fifth metatarsal head, probably representing soft tissue callus was noted. No acute findings were noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, DPM, the request for X was denied. Rationale: "ODG states that X. Prior imaging results of specific area or structure with the same imaging modality documented and available for comparison. In this case, the claimant had an MRI of the right ankle in the past. There is limited evidence of significant change in the claimant's clinical findings to support X. There is also no evidence of re-injury to the right ankle, which led to exacerbation of symptoms with progression of objective findings. Therefore, the requested X is not medically necessary."

Per an undated letter by Dr. X it was stated that, "X has been being treated by Dr. X for right ankle sprain, ankle. Instability and peroneal tendinitis. X was initially first seen on X and had a previous right ankle MRI performed at akumin performed in X, ordered by another physician, which was difficult to read due to the imaging being too dark. X was placed into an ankle brace and an X was ordered, the X was denied, and the patient got X, which does not show Dr. X what we are needing to see in the ankle. The patient was seen again on X and has made little progress and still has a 6/10 pain along the lateral aspect of X ankle. The patient has failed physical therapy, CAM boot off-loading and ankle brace stabilization. A X is needed due to the pain level and X."

Per a reconsideration review adverse determination letter dated X by X, DPM, the request for X was denied. Rationale: "ODG recommends repeat evaluation of specific area or structure with same imaging modality when there is a clinical

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need for repeat imaging, as indicated by change in clinical status (worsening symptoms or new associated symptoms) and findings that may impact treatment, a need for interval reassessment that may impact treatment plan and/or a need for re-imaging either prior to or after performance of invasive procedure and prior imaging results of specific area or structure with same imaging modality documented and available for comparison. In this case, claim review supports that the claimant has had X which, per the provider, did not identify any focal pathology. There is no evidence of any new injury to the right ankle since X to support a new injury to the lateral ankle ligaments and peroneal tendons. Review of the documentation does not provide support evidence of any significant change in the objective clinical exam to support that X is medically necessary. There is no documentation of a current plan for any type of invasive procedure to support consideration of a X. Thus, the request for X is not medically necessary.

Though there is new new injury since the preceding MRI, the results remain equivocal since poor imaging technique prevented diagnosis. The patient has worsening symptoms despite extensive conservative care. A X may change the treatment plan due to potential for surgical management. A X is medically necessary for better evaluation of injury for diagnosis and treatment plan determination. X is medically necessary and certified

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

Though there is new new injury since the preceding MRI, the results remain equivocal since poor imaging technique prevented diagnosis. The patient has worsening symptoms despite extensive conservative care. A X may change the treatment plan due to potential for surgical management. A X is medically necessary for better evaluation of injury for diagnosis and treatment plan determination. X is medically necessary and certified

Overtuned

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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