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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date:** X; Amendment 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. X sustained a left ankle and calf injury when a X. The diagnoses were (M79.662) pain in left lower leg and (S86112D) strain muscle / tendon posterior group at low leg level, left leg, subsequent encounter.

Per a X progress note dated X completed by X, PT, X had X. X presented for evaluation of left ankle pain and weakness. X reported continued weakness and pain in left calf that interfered with X daily activities. X continued to have pain with prolonged standing or walking. X felt limited with higher level activities such as running and pickleball. At the time, X rated the ongoing pain as X. The pain was a sore ache, sharp and constant. Lower extremity functional scale (LEFS) score was X. The examination of the lower extremity showed single leg (SL) balance was at X on the right and X on the left. There was X squat depth on the left with loss of control and pain noted. The strength was X at the left gastrocnemius. Full X was noted. There was mild tenderness present at the X. On assessment, X demonstrated continued strength impairments in left X, and the pain was limiting X tolerance to and performance with weightbearing activities. Progress since prior re-evaluation was likely negatively impacted by a X-week gap in treatment. Continued X was recommended to address remaining impairments and strength deficits. X was recommended X. On X, X was seen by X, DPM for follow-up evaluation of left calf / ankle pain. X had X. X reported that X pain had slightly improved, but at the time, it radiated more distally towards the

posterior aspect of X ankle. X stated this pain still affected X daily life. It was moderately affected. Left lower extremity examination revealed X muscle strength. Continued point tenderness was noted along the X. X was noted. Continued pain was noted on the X. Dr. X assessed that X was delayed in getting started with X. Dr. X requested more X as X was benefiting, but the progress was slow. Dr. X modified X work as far as loose clothing and comfortable shoes, as this did help X at work.

An MRI of the left lower leg dated X, revealed X.

Treatment to date included X.

Per a utilization review adverse determination letter / peer review report dated X, the request for X was denied by X, DPM. Rationale: "Per Official Disability Guidelines, Ankle and Foot, Online Version, Updated X, X, "X: Medical treatment: X." In this case, the patient has already X. Moreover, the additional requested X exceeds guideline limits. Therefore, the request is not medically necessary. Thus, the request is not certified."

Per a reconsideration review adverse determination letter / peer review report dated X, the request for X was denied by X, MD. Rationale: "In this case, the claimant has pain, single leg (SL) balance at X on the right and X on the left, X squat depth on the left with loss of control and pain, strength at X at the X. X has had X, Quantity exceeds guidelines. As such, the X is not certified at this time. Therefore, Appeal X is not medically necessary."

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter / peer review report dated X, the request for X was denied by X, DPM.

Rationale: "Per Official Disability Guidelines, Ankle and Foot, Online Version, Updated X, X, "X: Medical treatment: X." In this case, the patient has already X. Moreover, the additional requested X exceeds guideline limits. Therefore, the request is not medically necessary. Thus, the request is not certified." Per a reconsideration review adverse determination letter / peer review report dated X, the request for X was denied by X, MD. Rationale: "In this case, the claimant has pain, single leg (SL) balance at X on the right and X on the left, X squat depth on the left with loss of control and pain, strength at X at the X. X has had X, Quantity exceeds guidelines. As such, the X is not certified at this time. Therefore, X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. The request for X would continue to exceed guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X. 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 clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter / peer review report dated X, the request for X was denied by X, DPM. Rationale: "Per Official Disability Guidelines, Ankle and Foot, Online Version, Updated X, X, "X: Medical treatment: X." In this case, the patient has already X. Moreover, the additional requested X exceeds guideline limits. Therefore, the request is not medically necessary. Thus, the request is not certified." Per a reconsideration review adverse

determination letter / peer review report dated X, the request for X was denied by X, MD. Rationale: "In this case, the claimant has pain, single leg (SL) balance at X on the right and X on the left, X squat depth on the left with loss of control and pain, strength at X at the X. X has had X, Quantity exceeds guidelines. As such, the X is not certified at this time. Therefore, X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. The request for X would continue to exceed guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X. X is not medically necessary and non-certified.

Non-Certified.

**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