

IRO Express Inc.
An Independent Review Organization
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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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X rolled X left ankle X. The diagnosis was strain of muscle and tendon of peroneal muscle group at lower leg level, left leg.

A X progress note was documented on X by X, PT, DPT. X reported X was feeling much better with X. X could walk without crutches but had a limp. X noted X ankle swelled at the end of the day but was better in the morning after X elevated it and placed ice on the ankle. X felt it should still not be swelling at this point but would speak to the orthopedic in the upcoming week during the follow-up. The left ankle pain was rated X at the time. Walking and standing increased the pain. There was moderate limitation with stairs, housework, walking, standing and squatting; and mild limitation with sleeping during the night. The lower extremity functional test score was X and impairment was X. X ambulated with minimal limp. There was decreased stance phase in the left lower extremity. X also had external rotation of the hips with ambulation. The active range of motion of the left ankle showed dorsiflexion -X degrees, plantarflexion X degrees, inversion X degrees and eversion X degrees. Motor strength in the left lower extremity was X in the extensor hallucis longus, flexor hallucis brevis and flexor hallucis longus; and X in the peroneus longus and brevis, tibialis anterior, tibialis posterior, gastrocnemius and soleus. There was moderate X. It was noted that X was making progress in the areas of strength, flexibility, mobility and pain reduction. X continued to present with subjective and objective deficits, which could be addressed by X. The problem list included decreased participation in recreational activities, ankle pain limiting functional activities, decreased range of motion, decreased strength, difficulty walking and joint swelling. X had met the goals of being independent with home exercise program to continue

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improvement and prevent future injuries, increase range of motion by X degrees to improve ankle mobility with gait, and decrease pain on analog scale to X to improve the gait.

X was seen by X, MD on X for a postoperative follow-up. X was status post secondary repair of X. X stated the swelling was still an issue. X was full weightbearing in shoes. Examination of the left lower extremity showed motor strength X; range of motion with knee straight dorsiflexion X degrees, plantarflexion X degrees; range of motion with knee bent dorsiflexion X degrees and plantarflexion X degrees; appropriate swelling about the left ankle; incisions well healed; heels in X degrees of valgus, and evert on heel rise. X double heel rise and single heel rise was noted.

A report of medical evaluation was documented on X by X, MD. It was noted that X had not yet reached maximum medical improvement (MMI) and was attending post X. Dr. X anticipated that X would reach MMI within next X months on or about X, which allowed adequate time for X to complete the prescribed course of treatment and rehabilitation, with the goal of achieving optimal functional recovery and long term stability. X could not be assigned an impairment rating at the time. A rating would be provided once MMI was reached and postoperative recovery was assessed.

X consulted X, FNP-BC on X for a postoperative follow-up status post left ankle surgery. X was doing well. Examination of the left lower extremity showed X. Strength was limited secondary to pain and recent surgery. The plan included X.

On X, X, MD performed secondary repair of the X.

Treatment to date included X.

Per a peer review report dated X by X, MD, the request for X, was denied.

Rationale: "Based on the documentation provided, the ODG, Ankle and Foot (Last

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review/update date: X). X, it's not satisfied. On X, the claimant sees Dr. X. The claimant has left ankle pain. Mechanism of injury is from X. The claimant had X. The claimant had X. Diagnosis includes ankle pain / strain. Plan is for ongoing care. In particular, there is no documentation why a X cannot be utilized at this point. Therefore, the request for X is not medically necessary."

Per a peer review report dated X by X, MD, the request for X was denied. Rationale: "As per ODG, it supports up to X. In this case, the worker has previously undergone a X on X. They have completed at least X. The recent examination indicates that there is an X. The request for X. As such, as there is a presence of a X. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. Therefore, appeal X is not medically necessary."

The requested X is not medically necessary. The submitted medical records indicate that the claimant has completed X. The claimant should be well versed on a home exercise program at this time. In addition, the member X being requested exceeds the recommended guidelines for the associated procedure. 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:

The requested X is not medically necessary. The submitted medical records indicate that the claimant has X. The claimant should be well versed on a X. In addition, the member X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

Non-certified.

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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