proeer since the beginning.
po box 519
schertz, tx 78154
p: 800.292.3051
f: 888.972.7053

urac ACCREDITED Independent Review Organization: Internal & External Expires 06/01/2021
NAIRO National Association of Independent Review Organisations

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X.

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X patient for review of X.

On X, an Operative Report was completed by X, MD. The patient's pre- and post-operative diagnosis was sequela of closed bimalleolar fracture of left ankle and presence of orthopedic hardware. It was noted that they had a X on X. They underwent X. They tolerated the procedure well and had no complications.

On X, a Left Ankle X-ray Report was completed by X, MD. Results showed X.

On X, a CT Left Foot Report was completed by X, MD. Results showed X.

On X, a Visit Note was completed by X, MD. The patient had a follow-up after X. They endorsed X. They use a X. Physical examination noted X. Range of motion was X. CT showed X. X was recommended.

On X, Progress Notes were completed by X, MD. The patient had a follow-up after X. Exams showed X. They felt no progress despite X and requested a X.

On X, a Left Ankle X-ray Report was completed by X, MD. Findings

revealed X.

On X, a Visit Note was completed by X, MD. The patient had a X. They were X. They were noted to have a X. Their symptoms seem to be potentially associated with X. Recommendations included X. Authorization and X will be done accordingly.

On X, an Operative Report was completed by X, MD. The patient had X. They X. Left posterior X. Post-op diagnoses were X.

On X, a Prescription was completed by X, MD. Prescriptions for X and X were provided.

On X, a Visit Note was completed by X, MD. The patient had a postoperative follow-up. Exams showed X. X were removed. X of the foot and ankle was painless. They were X.
X was encouraged as well as X. They were advised to return in X.

On X, a Prescription was completed by X, MD. Prescription for X was provided.

On X, a Visit Note was completed by X, MD. The patient had a X-month follow-up. A X was prescribed due to X. They endorsed feeling better and symptoms were beginning to clear up. They were advised to X.

On X, a Prescription was completed by X, MD. Prescription for X was provided.

On X, a Visit Note was completed by X, MD. The patient was noted to be at X. They were referred to X.

On X, a Visit Note was completed by X, MD. Patient was seen due to X. Exams showed X. Left ankle x-rays again showed X. An order for X was placed.
Discussions on performing a X.

On X, a Visit Note was completed by X, MD. The patient presented for formal discussion of X. They continue to complain of persistent pain with any sort of weightbearing activity. CT results showed X. A X was offered. An order for a X was placed, specifically for X.

On X, a CT Left Lower Extremity Report was completed by X, MD. Results revealed a X.

On X, an Operative Report was completed by X, MD. The patient X. Pre-op diagnoses were X. Post- op diagnoses were X.

On X, a Prescription was completed by X, MD. Prescriptions for X and X were provided.

On X, a Prescription was completed by X, MD. Prescriptions for X and X were provided.

On X, a Visit Note was completed by X, MD. The patient had a postoperative visit for X. Exams showed a X. The X was X. They were then placed in a X. Follow-up in X.

On X, a Visit Note was completed by X, MD. The patient's X. There is no evidence of X. Weightbearing x-rays of the left ankle showed an X. They were advised to use a X. Follow-up in X.

On X, a Visit Note was completed by X, MD. The patient has been X months out from X. They had no significant complaints other than X. Exams noted X. X-rays showed an X. They were advised to X. Follow-up in X was recommended.

On X, a Texas Worker's Compensation Work Status Report was completed by X. The patient was allowed to return to work on X.

On X, a Visit Note was completed by X, MD. The patient is about X months out from X. Physical examination noted a X. They X. Per their provider, X is imperative for their recovery. Follow-up in X month was advised to check for progress.

On X, a Visit Note was completed by X, MD. The patient's prior X. However, they had X. Unfortunately, X was not authorized by Worker's Compensation. Exams noted X. An X was offered to help with X. Attempts at obtaining authorization through Worker's Compensation will be made.

On X, a Texas Worker's Compensation Work Status Report was completed by X. The patient was allowed to return to work on X.

On X, a Visit Note was completed by X, MD. The patient's recovery has been complicated by X. Prior X. They continue to X. X was denied by Worker's Compensation as well as X. X-rays of the left ankle showed X. A request for the recommended procedure will be resubmitted.

On X, a Visit Note was completed by X, MD. The patient has X. Examinations still showed X. Left ankle x-rays still revealed X. The ankle X. They would benefit from a X procedure and authorization for the procedure will be resubmitted.

On X, a Notice of Adverse Determination was completed by X. The request for X, has been denied based on the Official Disability Guidelines (ODG), X. There was X.

On X, a WC Non-Network – Appeal Adverse Determination was completed by X. The documentation did not show X.

On X, a Notice of Case Assignment was completed by Texas Department of Insurance. The independent case review was assigned to ProPeer.

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

In this case, the patient sustained a X. When films taken a X later showed X. Second opinion with a X. They underwent X. Follow up on X still noted X. They underwent a X. Post-operative management included X. Recommendations for X were denied by Workers' Compensation despite multiple request attempts. Follow-up on X noted a X.
Their pain gradually returned and upon a follow-up visit on X, an X was offered to help with X. X-rays showed X. Coverage for X was denied and upheld since there was X.

Upon review, the medical necessity of the requested procedure is supported. In accordance with X. However, the medical records submitted for this review showed X. These findings establish a X. The requested X. Current X. Thus, based on the objective imaging findings, X, the requested procedure, X, is medically necessary, and the prior adverse determination is overturned.

SOURCE OF REVIEW CRITERIA:

- □ ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- □ 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
- □ ODG- Official Disability Guidelines & Treatment 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)