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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 on X. X worked as a X; X sustained a work-related injury when X was X. The diagnoses were other fracture of shaft of left fibula, subsequent encounter for closed fracture with nonunion (X); unspecified open wound, left lower leg, subsequent encounter (X); pain in the left knee (X) pain in the left ankle and joints of the left foot (X); muscle weakness (generalized) (X); difficulty in walking, not elsewhere classified (X); and unspecified fracture of the shaft of the left tibia, subsequent encounter for an open fracture type I or II with nonunion (X).

Per an operative report dated X, X underwent X. X tolerated the procedure well and was X. X re-evaluation note dated X documented continued complaints of aching, throbbing, constant, continuous, and gradual left leg pain rated X and X felt the knee was unstable or out of place at times. Examination of the left lower extremity revealed X. Per the X assessment, X had slight improvement in the closed chain ankle dorsiflexion range of motion necessary for squatting, kneeling, and traversing stairs. X demonstrated improved static sitting manual muscle strength in the ankle; however, X continued to demonstrate decreased power in X left gastrocnemius / palmar flexion in standing, and X continued to present with decreased power and stamina. On X, X was seen by X, PA-C for follow-up. X was approximately X months status X by Dr. X. X reported no pain in the left lower extremity, but endorsed having some mild soreness in the left distal fibula area with left ankle range of motion, but no acute pain. X was ambulating without any assistive device and was wearing regular shoes. X was in X and reported progression with regard to functional ambulation. Examination revealed X. X-rays of the left tibia performed on X (unofficial) showed X. Fractures at the left proximal tibia showed X. X was diagnosed with type I or II open fracture of shaft of left tibia with nonunion, unspecified fracture morphology, subsequent encounter and other closed fracture of shaft of left fibula with nonunion,

subsequent encounter. The treatment plan was to X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The documentation reflects inconsistent radiographic findings, as imaging obtained X days earlier demonstrated interval callus formation and progressing healing, whereas later unofficial imaging described tibial nonunion without providing detailed fracture gap measurements, formal radiology interpretation, CT confirmation, or evidence of failed progressive healing on serial studies. Furthermore, there is no documentation of hardware instability, significant pain at the fracture site, inability to bear weight, or functional decline. Rather, the claimant has shown improving mobility, minimal symptoms, and continued progress with X. Considering all the above factors, the request for X is not certified.”

Per an appeal letter dated X, X addressed the letter to “Appeals Dept” and requested to reconsider the attached preauthorization request for X. With the appeal letter was also attached the clinicals, prescription, and letter or medical necessity from the treating provider / requesting provider Dr. X for X patient X (X) for procedure code X. “*Both ordering & rendering provider is Dr. X*”

A Letter of Medical Necessity Form dated X by X, MD noted X date of injury was X and date of surgery was X. The risk factors included non-union, fracture of shaft of left fibula with nonunion, fracture gap of less than X cm, obesity, and length of need was X months. This was a request for X. The item was needed to treat nonunion fracture of the left shaft of tibia (X). The item would be dispensed upon approval.

Per a reconsideration / appeal review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Based on the medical records, the claimant reported some mild soreness at the left distal fibula

area with left ankle range of motion, and was X months status post open reduction internal fixation of the left tibial shaft fracture with intramedullary fixation, However, as noted in the prior UR dated X, documentation reflected inconsistent radiographic findings, as imaging obtained X days earlier demonstrated interval callus formation and progressing healing, whereas later unofficial imaging described tibial nonunion without providing detailed fracture gap measurements, formal radiology interpretation, CT confirmation, or evidence of failed progressive healing on serial studies. No further information was provided addressing prior reasons for denial. Additionally, the claimant had no subjective complaints of pain, and the physical exam was unremarkable and without documented evidence of any postoperative complications, hardware instability, or inability to bear weight to indicate nonunion. Unofficial imaging on the most recent visit did not document deficient or scarce callus formation on X-ray. No exceptional factors were noted to warrant a deviation from guideline recommendation or to overturn the prior decision. Therefore, the request for X is 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, there is insufficient information to support a change in determination, and the previous non-certifications are upheld. X-rays of the left tibia dated X show nonunion of the fracture at the left proximal tibia. Fracture at the left proximal fibula shows bone callus formation. The patient reports no pain to the left lower extremity. X ambulates without any assistive device and wearing regular shoes. However, as noted by previous reviewers, the submitted clinical records reflect inconsistent radiographic findings as imaging obtained a few days earlier noted interval callus formation and progressive healing. The fracture gap measurement is not provided. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The request for X is not recommended as medically necessary and the previous denials are upheld.

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