

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Fax: 214-276-1904

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient plantar fascial release related to left foot/ankle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Left foot x-rays 03/28/07
Office notes of Dr. 03/28/07, 04/04/07, 04/20/07, 05/07/07, 05/14/07, 06/04/07, 06/26/07, 07/05/07, 09/14/07, 10/04/07, 10/30/07
Physical therapy evaluation 04/09/07
MRI left hindfoot and ankle 04/30/07
Letter from Dr. 05/12/07
Office note of Dr. 06/18/07, 07/02/07, 07/24/07, 08/14/07
Office note of Dr. 09/05/07
Denial from 10/03/07
Denial from 10/11/07
DDE with Dr. 10/31/07
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx-year-old who has suffered from plantar fasciitis. Medical records from March 8, 2007 outline the diagnosis of a plantar fascia strain. She was to rest the foot with cast shoe and crutches. Alternate duties were undertaken. An MRI of April 30, 2007 did not reveal any specific changes at the plantar aspect of the foot. There was non specific medial ankle change. Dr. wrote a letter of May 12, 2007, suggesting that traumatic fasciitis and lateral plantar nerve irritation was due to the work related injury which included a trauma to the foot. Medications were prescribed. The antidepressant Cymbalta was started.

Dr. provided an opinion of June 18, 2007. There was injury while running. She had been treated with Neurontin and Cymbalta as well as Amitriptyline. With a diagnosis of possible tarsal tunnel syndrome, electrodiagnostics were recommended. However, the electrodiagnostics of June 26, 2007 appear not to have revealed tarsal tunnel syndrome. Dr. on July 2, 2007 allowed that the EMG studies remain normal. Oral steroids were undertaken. On July 24, 2007, Dr. outlined that there had been a normal MRI of the hindfoot and a normal foot and ankle series of x-rays. Lyrica was added. Plantar fascia release was recommended on August 14, 2007.

Dr. was to provide a records review on September 5, 2007. There was no objective finding to justify surgical management.

Dr. was to provide an evaluation of October 31, 2007. She had tenderness over the plantar aspect of the foot. Plantar fascia release was indeed discussed.

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

It is important to note in this particular case that absolutely no abnormalities at the heel have been documented by MRI, x-rays or electrodiagnostic testing. As such, there is no evidence to support surgical treatment in this case. The Reviewer's medical assessment after a careful review of all medical records is that all of the diagnostic studies and even the electrodiagnostics have simply been normal.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
 - Demeter, Stephen C., Anderson, Gunnar B.J.; Disability Evaluation; second edition.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)