

True Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW:

12-22-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Plantar Fasciectomy

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

Podiatrist-20+ years in practice

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

No ODG Guidelines

Dr. -Chart notes dated 10-09-2007, 10-23-2007, and 11-27-2007

Reconsideration Letter-Dr. 10-31-2007

Radiograph reports dated 11-27-2007

Denial Letters-10-26-2007; 11-7-2007

PATIENT CLINICAL HISTORY [SUMMARY]:

DO I xx/xx/xx Left foot injury added xx/xx/xx. 10-2-2007 Dr. referred pt to Dr. for right foot pain. Pt seen by Dr 10-09-2007 with complaint of right foot pain, heel, plantar right foot and arch. Pt treated with TPI, night splint, stretching exercises and Physical therapy referral. Pt. seen by Dr. 10-23-2007 and scheduled for surgery, no treatment documented. Pt. seen by DR 11-27-2007 now with left heel pain similar to right heel pain, x-rays were ordered, no treatment documented.

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

Dr. failed to provide documentation of accepted treatment regimens for plantar fasciitis. Accepted regimens include immobilization casting and or splinting, non-weightbearing, orthotics, otc or prescription, corticosteroids locally and/or systemic, differential nerve blocks, Nsaids, and shoe gear modifications. Dr. fails to document on exam differential between plantar fasciitis, calcaneal nerve entrapment, bone bruise, stress fracture and bursitis. Dr. failed to use accepted imaging techniques to confirm diagnosis after failed conservative regimens. There is very sparse recent literature to support plantar facial release in acute plantar fasciitis, indeed no true case control studies exist. The Reviewer considered the ODG guidelines in the determination of the case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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 (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**