



**DATE OF REVIEW:** 7/30/07

**AMENDED DATE:** 8/10/07

**IRO CASE #:**

**NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Determine the medical necessity for the previously denied orthotic braces to reduce the symptoms of severe ankle arthritis.

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

Texas Licensed Orthopedic Surgeon.

**REVIEW OUTCOME**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The previously denied request for orthotic braces to reduce the symptoms of severe ankle arthritis.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Notice to CompPartners, Inc. of Case Assignment dated 7/3/07, 2 pages.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 7/3/07, 1 page.
- Fax Cover Sheet dated 7/5/07, 7/3/07, 2 pages.
- Fax Cover Sheet/Message dated 6/25/07, 6/7/07, 3 pages.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/3/07, 5 pages.
- Request for a Review by an Independent Review Organization dated 6/15/07, 3 pages.
- Determination Notification Letter dated 7/2/07, 6/12/07, 6 pages.
- Information Sheet (unspecified date), 1 page.
- Letter of Medical Necessity dated 6/6/07, 1 page.
- Prescription/Authorization Request dated 5/18/07, 1 page.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

**Age:**

**Gender:**

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Slip and Fall.

**Diagnosis:** Bilateral ankle fractures, post traumatic arthritis of the left ankle.

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

This male claimant reportedly had a slip and fall on xx/xx/xx, and sustained bilateral ankle fractures. The most current diagnosis for this claimant was post traumatic arthritis of the left ankle and orthotic braces to reduce the symptom of severe ankle arthritis have been requested. A request was made to fashion bilateral custom molded ankle foot orthoses for ankle stability. The information provided within the records was limited. In particular, the records did not provide a clear description as to the degree of degenerative change and nature of any instability, loss of motion, etc. As such, this reviewer cannot recommend the proposed custom molded orthosis as either being reasonable or medically necessary. This reviewer is unaware of any well controlled literature that suggest that these types of custom made devices work any better than traditional off the shelf braces in terms of providing some support and symptomatic relief of underlying degenerative change.

## **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.  
Official Disability Guidelines Treatment in Worker’s Comp 2007 Updates, Ankle and Foot – Orthotic devices  
Under study. Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthosis in people who stand for more than eight hours per day.....  
For hallux valgus the evidence suggests that orthosis and night splints do not appear to be any more beneficial in improving outcomes than no treatment
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee’s employer, the injured employee’s insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**

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