



## **IMED, INC.**

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 11/05/07

**IRO CASE #:**

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

Custom Orthotics: L3010-custom orthotics x 4 units, L3334-Lift 1 ¾ Rtx 2 units, L3240-custom high top boots x 2 units, L3649-padded collars x 2 units, L3590 Firm counters x 2 units, L3222-high top shoes x 2 units, L3400-Rocker soles x 4 units.

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

Texas License  
Board Certified Orthopedic Surgeon

### **REVIEW OUTCOME**

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

Denial Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Preauthorization reports.
2. Clinical notes from Dr. dated 11/20/00 thru 04/09/07.
3. Radiographic report dated 04/09/07.
4. Radiographic report left ankle dated 08/07/00.
5. Operative report dated 08/09/00.
6. Letter of medical necessity dated 08/14/00.
7. Operative report dated 09/25/00.
8. Serial radiographic reports of the right tibia and fibula dated 10/06/00.
9. Operative report dated 08/07/01.
10. Operative report dated 01/03/02.
11. Impairment rating dated 02/06/03.

## 12. Official Disability Guidelines.

### **PATIENT CLINICAL HISTORY (SUMMARY)**

The claimant sustained multiple injuries on xx/xx/xx while employed as a . The claimant slipped and caught himself on the edge of the roof and fell landing on his right leg and side. The claimant sustained a fall of approximately six feet and was subsequently found to have a comminuted fracture of the right tibia and fibula, a right hip trochanteric fracture that was nondisplaced, a comminuted fracture of the right ankle, a right elbow contusion, and chest contusion.

The records indicate that the claimant was subsequently taken to surgery multiple times. Serial clinical notes submitted by Dr. indicated that the claimant followed up on an annual basis. The claimant was noted to have excellent range of motion with well-healed incisional scars and no pain. The claimant was given a prescription for custom orthotics.

The most recent clinical notes were dated 04/09/07. The claimant was seen in routine follow-up. The claimant had a well-healed incision, decreased range of motion, no pain, and compartments were soft. Radiographs of the right ankle indicated that the claimant was status post open reduction/internal fixation of a distal tibia. The claimant had a well-healed fracture, synostosis of the distal tibia/fibula joint was evidence. Hardware was in good position. There was almost complete loss of tibiotalar joint space and good mechanical alignment. The claimant was again recommended for custom orthotics.

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

The request for custom orthotics is not considered medically necessary. I would concur with the two previous reviewers. Dr. failed to provide medical information and serial notes that would indicate that custom orthotics were indicated. There was no evidence from the available medical record that the claimant suffers from a leg length discrepancy or gait abnormality or other orthopedic problems that would warrant consideration of orthotics as a conservative treatment. Given the available medical records, I would uphold the previous denials.

Citation:  
ODG

Orthotic devices	Under study. Orthoses 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 orthoses in people who stand for more than eight hours per day. ( <a href="#">Crawford, 2003</a> ) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone.
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	<p>The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (<a href="#">Pfeffer, 1999</a>) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. (<a href="#">Lynch, 1998</a>) (<a href="#">Gross, 2002</a>) For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. (<a href="#">Kerkhoffs, 2002</a>) For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. (<a href="#">Ferrari-Cochrane, 2004</a>) Semirigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. (<a href="#">Chalmers, 2000</a>) The use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. There is insufficient evidence to determine the best design of such inserts but comfort and tolerability should be considered. Rehabilitation after tibial stress fracture may be aided by the use of pneumatic bracing but more evidence is required to confirm this. (<a href="#">Rome-Cochrane, 2005</a>) Foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. The customized and prefabricated orthoses used in this trial have similar effectiveness in the treatment of plantar fasciitis. (<a href="#">Landorf, 2006</a>)</p>
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

1. ***OFFICIAL DISABILITY GUIDELINES***