



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/29/2007

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a DME-Custom UCB Rt foot heel / Medical Arch Support.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery with greater than 15 years of experience.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a DME-Custom UCB Rt foot heel / Medical Arch Support.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following:

Records from Carrier: Letter to dated 9/14/07; letter dated 9/27/07; Progress notes from, FNP/C dated 3/8/07-7/19/07; Progress notes from Dr. dated 4/13/07; Prescription for orthotics dated 8/20/07; URA referral dated 8/20/07; note dated 8/20/07; Patient evaluation checklist from dated 8/20/07.

Records from Dr.: notes from 10/10/07 – 8/15/07; MRI report dated 8/10/07.

Records from Dr.: Progress notes dated 8/8/07 – 4/13/07.

Records from Church: Letter from patient dated 10/15/07; letters dated 11/8/06, 9/14/07; DWC form 1 dated 11/7/06; EOB dated 10/5/07; TWCC 73 dated 10/10/07; Progress notes from, dated 3/8/07-7/19/07; Progress notes from Dr. dated 4/13/07; TWCC73; Denial letter from dated 9/7/2007; Various EOB's and Billing Statements.

A copy of the ODG guidelines was not submitted for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a female who fell on xx/xx/xx injuring her left side. She began complaining of right foot pain in January 2007 and was placed into a cast boot on 7/6/07 which she said definitely improved her pain. The patient notes increasing flattening of the arch. Physical exam reveals tenderness along posterior tibial tendon right hindfoot. She has increased pain with dorsiflexion and inversion of the ankle and foot. Standing reveals right arch flattening with a normal left arch. She is unable to single toe raise on the right. The diagnosis given is posterior tibial dysfunction of the right foot.

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

The reviewer states that this type of treatment/diagnosis is not thoroughly discussed in the ODG's. Based upon the evidence presented and referencing the mentioned peer reviewed evidence based guide, the request for a custom UCB heel/arch support is recommended. This is due to the fact that off the shelf heel cups/arch supports do not control hindfoot valgus as required by this diagnosis.

**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)** Sferra et al, Nonoperative treatment of posterior tibial tendon pathology. Foot and Ankle Clin May 1997; 2:261-73.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**