



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: Orthopedic shoes

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:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Employer's First Report of Injury or Illness dated xx/xx/xx.
2. Treatment records from Physical Therapy dated xx/xx/xx.
3. Medical records from Dr. dated 04/04/04.
4. MRI of the left knee dated 09/10/04.
5. Records from, M.D., dated 09/16/04.
6. Medical records from Dr. dated 10/11/05 thru 03/23/06.
7. MRI of the left ankle dated 10/28/04.
8. Medical records from Dr. dated 11/24/04 thru 07/06/05.
9. DWC-69 dated 11/09/05.
10. Medical records from Dr. dated 11/09/05 thru 08/02/06.
11. Treatment records from, D.C., dated 01/16/06 thru 09/21/06.
12. Operative report dated 01/20/06.
13. Physical therapy records dated 04/07/06.
14. Functional Capacity Evaluations dated 09/21/06.

15. Medical records from Dr. dated 07/20/06 thru 02/21/08
16. MRI of the ankle dated 07/13/06.
17. Orthopedic Bracing dated 02/20/08.
18. Utilization review correspondence dated 03/04/08.
19. Utilization review correspondence dated 03/12/08.
20. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a xx year old female who was reported to have sustained an injury to her left ankle and left knee on xx/xx/xx.

The employee was evaluated by Dr. and subsequently referred to Physical Therapy on 07/26/04. At that time, the employee reported she had no medical intervention until a week previously. She thought that the pain would resolve on its own; however, since it had not, she had developed some left knee pain with prolonged weight bearing and an antalgic gait pattern. She had not undergone any x-rays. She stated that climbing stairs and certain movements increased the symptoms in her left ankle. She was wearing a brace, which she reported was helping. She was taking anti-inflammatories.

The employee was seen in follow-up by Dr. on 08/04/04. She reported that her left knee was greatly improved. She stated that her left ankle had shown no appreciable change in symptoms. She was tender along the medial aspect, and certain eversion or obvious stress maneuvers resulted in pain along the medial malleolus. Upon examination, the left knee was unremarkable. The left ankle showed no change from the previous examination. She had continued tenderness along the inferior medial deltoid ligament with minimal swelling. She had positive crepitus upon stress maneuvers. She had negative drawer, and no laxity appreciated on stress maneuvers. The employee was diagnosed with a left knee strain, which was resolving, and a left ankle sprain.

Records indicate that the employee was referred for MRI of the knee on 09/10/04. This study reported a small joint effusion and was otherwise negative with no evidence of a meniscal tear.

The employee was subsequently referred for MRI of the left ankle on 10/28/04. This study was largely a negative study with juxta-articular tibial cyst.

The employee later came under the care of Dr. on 11/24/04. The employee was diagnosed with left ankle pain and left foot pain. She was provided oral medications and a cam walking boot. The employee continued to follow-up with Dr. and was noted to have continued to remain symptomatic.

On 05/03/05, the employee received an intra-articular injection of corticosteroids.

The employee subsequently failed to improve and was referred to Dr. and diagnosed with left ankle posterior tibial tendonitis.

The employee was seen in follow-up by Dr. on 11/15/05. The employee continued to experience tenderness noted along the posterior tibial tendon. There was mild evidence of impingement laterally in the ankle. Range of motion of the ankle did not reveal any significant restrictions. As a result, Dr. wanted the employee to utilize a UCBL insert for the next month.

When seen in follow-up on 12/13/05, the employee continued to experience difficulty despite obtaining a UCBL type insert for her foot. She localized the pain both medially and laterally. She was tender along the course of the posterior tibial tendon. She had mild tenderness laterally. Anterior and posterior drawer were negative. Dr. suggested that the employee may benefit from operative intervention; however, on that date the employee received an injection.

The employee subsequently sought chiropractic care on 01/16/06.

The employee was taken to surgery on 01/20/06. Dr. performed a left ankle posterior tibial tendon debridement with exploration, synovectomy, and repair.

On 05/04/06, Dr. released the employee from his care. He noted that she was gradually progressing. She continued with modified work activity. Upon physical examination, swelling was markedly decreased. There was no appreciable tenderness about the posterior tibial tendon.

The records indicate that the employee continued to receive treatments from, D.C.

The employee was later reported to have extreme sensitivity to her scar on 07/11/06 and was referred for MRI at the ankle.

This study was performed on 07/13/06 and revealed moderate subcutaneous edema in the medial ankle. There was mild thickening of the tibiocalcaneal ligament and the flexor retinaculum. There was a 1 cm area of subchondral edema and cystic change seen in the posterior tibial plafond.

When seen in follow-up by Dr. on 07/20/06, he recommended continued conservative management. Records indicate that the employee was provided a prescription for a left leather ankle gauntlet.

On 02/20/08, the employee was recommended to have orthopedic shoes.

On 03/04/08, Dr. found that the request for orthopedic shoes was not supported by the submitted clinical information. Dr. reported that the employee originally injured her left ankle from stepping on a small rock and twisting her ankle. She had received physical therapy, Cortisone injections, anti-inflammatories, left ankle surgery with posterior tendon debridement, exploration, synovectomy, and

repair on 01/20/06. Range of motion was 0-30 degrees with pain and tenderness noted over the medial scar. The employee obtained good relief with an ankle support. She was working, but Dr. opined that the available information did not support the request.

A request for reconsideration was submitted on 03/12/08. This review was performed by Dr., DPM. Dr. opined without noted improvement or additional information warranting the necessity of this request, medical necessity was not established, and he subsequently recommended against orthopedic shoes.

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

I would concur with the two previous reviewers. Based on the available medical information, the requested orthopedic shoes are not considered medically necessary. The employee sustained an ankle sprain which was subsequently declared refractory to conservative treatment, and she underwent surgery for a posterior tibial tendon debridement. Postoperatively, the employee has received extensive postoperative management which has included physical therapy which has included paraffin treatments. She has further been followed by a chiropractor. The employee was provided a leather ankle support, which was reported to be helpful. There was no indication from the available records that the employee has some form of anatomic abnormality in the foot that would require the use of orthopedic shoes. Orthopedic shoes would not be indicated for a left ankle injury.

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

1. The *Official Disability Guidelines*, 11th Edition, The Work Loss Data Institute.