

SENT VIA EMAIL OR FAX ON  
Nov/25/2008

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/28/2008

**IRO CASE #:**

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

Arthodisi Lt Lisfranc complex 1st, 2nd, 3rd metatarsal w/internal fix; Resection excision plantar fascia-left foot; Tarsal tunnel decompressor left foot

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

Board certified podiatrist with 20+ years 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 10/7/08 and 11/4/08

OP Reports 5/19/98, 5/16/07

Surgical Pathology 5/19/98, 11/21/07, 5/16/07

NCV 1/23/07

Radiology Reports 12/21/06, 11/21/07, 11/16/07

MRI 12/21/06

Record from Dr. 3/29/07

X-Ray 5/16/07

CT Right Foot 8/29/08

Imaging Reports 9/2/92, 9/9/92

OP Report 9/4/92

Records from Dr. 9/9/92

**PATIENT CLINICAL HISTORY SUMMARY**

Original injury occurred xx/xx/xx. Pt has undergone numerous surgeries since that time. He has had multiple imaging and diagnostic studies as well. He continues to complain of pain.

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

Pt has had MRI and CT (08-27-08) as well as plain films. None of which suggest pathology at Lis francs joint other than failed fusion. Pt has already had tarsal tunnel decompression without benefit. Request for plantar fascial release excision has no clinical documentation of findings nor treatments.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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