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IRO Certificate #4599

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 4/8/09

**IRO CASE #:**

Description of the Service or Services In Dispute  
Custom shoe inserts

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

Board Certified in Podiatric Surgery

**REVIEW OUTCOME**

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

Upheld (Agree)  
**X Overturned** (Disagree)  
Partially Overturned (Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters  
Clinical notes, operative report, letter medical necessity, Dr.  
Letter from patient  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient has surgery for chronic recalcitrant fasciitis in 2002. He has subsequently worn custom orthotics as a continued treatment for his chronic heel pain. According to clinical notes, custom orthotics have allowed the patient to continue his regular work activities. The current pair of orthotics have worn out, and fabrication of a new pair was requested. It appears that the denials of the orthotics were based on a normal knee exam and not on continued treatment for heel pain.

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

I disagree with the denial of the requested custom orthotics. The patient has successfully been treated with custom orthotics since 2002, and the records do not indicate that the successful treatment plan should be discontinued. Custom orthotics are an appropriate conservative treatment protocol for chronic recalcitrant heel pain. The patient has tried over-the-counter devices, and they have failed. According to the College of Foot and Ankle Surgeons Clinical Practice Guidelines 2001 for plantar fasciitis, custom orthotics are a medically necessary and appropriate treatment regimen after failed attempt with over-the-counter devices. The patient has been able to continue his work duties with the custom devices, and it is medically appropriate and necessary to continue his treatment protocol.

**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 KNOWLEDGBASE
- 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) AMERICAN COLLEGE OF FOOT AND ANKLE SURGEON CLINICAL PRACTICE GUIDELINES 2001
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**