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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 4/24/09

IRO CASE #:

Description of the Service or Services In Dispute
Custom molded Longitudinal/Metatarsal Arch Supports

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Podiatric Medicine

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 1/23/09, 2/18/09
Initial evaluation, Clinical notes 2/10/092/23/09, 3/25/09, Dr.
Prescription
Authorization request
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his right foot in xx/xxxx, and felt a sharp full in the arch of his foot going up a stair. The pain worsened and the patient went to the ER, where x-rays were negative for fracture. The patient was diagnosed with a foot sprain and physical therapy was recommended. A 2/23/09 note states that there is no pain and ROM is full. Orthotics were recommended at that time. The patient was seen again on 3/25/09, and it was noted that the patient has tenderness in the plantar fascia and has difficulty walking and running. The plan was to treat the patient with anti inflammatory medication, and then be evaluated for orthotics.

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 arch supports. The records suggest that the patient likely injured his plantar fascia. Although the patient initially responded to physical therapy and activity limitations, a subsequent clinical visit reported persistent

pain with exertion and inability to run. It appears that the denial of orthotics may be based on the 2/23/09 visit, and does not account for his symptoms noted on a follow-up visit on 3/25/09. Foot sprains involving the plantar fascia can persist for several months. A custom orthotic is an appropriate and medically necessary treatment for a foot sprain involving the plantar fascia.

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**

X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X **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)

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