

# Becket Systems Inc.

*An Independent Review Organization*

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Notice of Independent Review Decision

**DATE OF REVIEW: FEBRUARY 5, 2009**

**IRO CASE #:**

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

Orthopedic Shoes x 2 (L3221)

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

MD, Board Certified Orthopedic Surgeon

**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)

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

The reviewer finds that medical necessity does not exist for Orthopedic Shoes x 2 (L3221).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office notes, Dr. , 07/01/08, 08/06/08, 10/01/08, 01/09/08

Prescription, Dr. , 12/06/08

Peer review, Dr. , 12/22/08

Peer review, Dr. , 01/13/09

UR referral, 01/16/09

ODG Guidelines and Treatment Guidelines

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old male sustained injuries on xx/xx/xx when he was climbing a ladder to replace a lightbulb and lost his balance which resulted in a fall to the ground. The claimant was treated initially at where x-rays of the right foot revealed metatarsal fractures and was referred for orthopedic evaluation. The claimant had also sustained abrasions to right thigh and elbow and contusions to the right foot, knee and elbow. The claimant was treated conservatively with activity modifications, pain medications, crutches and a fracture boot.

Documentation from Dr. dated 01/09/08 revealed objective findings including occasional tenderness of the right 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> metatarsal with continued right great toe tenderness. The claimant was neurovascularly intact and was reported to be using orthopedic shoes and using Darvocet N100 for pain management. Dr. documented x-rays findings of the right foot that included and revealed findings from 09/26/08 demonstrating displaced distal 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> metatarsal fractures with the 11/12/08 films demonstrating good alignment and the 12/10/08 and 01/19/08 films demonstrating healed 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> metatarsal fractures of the right foot. Dr. requested authorization for orthopedic shoes times two status post metatarsal fractures with continued tenderness.

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

The orthopedic shoes requested cannot be justified based on the information provided.

Though the claimant had previous metatarsal fractures, it is not clear from the records provided for this review if the claimant has significant displacement to alter the normal contact stresses for the bony anatomy of the foot. It is also unclear from the records provided if the claimant has focal bony prominence from malunited fractures. The records do not reflect a history of diabetes or peripheral neuropathy that may justify special footwear. For these reasons, the request cannot be justified based on the information provided. The reviewer finds that medical necessity does not exist for Orthopedic Shoes x 2 (L3221).

ODG, Foot & Ankle -- Orthotic devices

Roger A. Mann, Michael J. Coughlin; Surgery of the Foot & Ankle, 6<sup>th</sup> Edition, Chapter 14 page 620

## **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: Roger A. Mann, Michael J. Coughlin; Surgery of the Foot & Ankle, 6<sup>th</sup> Edition, Chapter 14 page 620**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**