

SENT VIA EMAIL OR FAX ON
Mar/10/2009

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Custom Molded Ankle Gaitlet; 1 Plastice Varus/Valgus Correction; 1 Soft interface for Bk section, molded Plastic, add to le

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office notes, Dr. 7/24/08

Office notes, Dr. 07/30/08, 08/05/08, 08/19/08, 09/09/08, 09/30/08, 09/30/08, 10/29/08, 11/18/08, 12/09/08, 01/06/09

Request for custom molded ankle gauntlet, 01/07/09

Peer review, Dr. 01/09/09

Peer review, Dr. 02/02/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post os calcis fracture to the left foot on xx/xx/xx. The claimant has been treated with walking boot, non weight bearing and advanced to full weight bearing, different shoe wear, injection, antiinflammatory medications and narcotics. The claimant saw Dr. on 12/09/08 for restrictions in prolonged walking and standing and unable to perform heavy lifting. The claimant had temporary relief the injection. Examination revealed improved

dorsiflexion and plantar flexion and restricted inversion and eversion. X-rays that day showed the fracture was well healed with extrusion of the lateral wall at the subtalar complex. A brace/AFO, Celebrex and Ultram was recommended.

Dr. evaluated the claimant on 01/06/09. Examination revealed restricted motion and tenderness around the peroneals and in subtalar complex region consistent with subtalar synovitis. X-rays showed well-maintained joint space and a laterally displaced fragment that was united. Dr. felt the fragment might be the cause of the impingement of the peroneals.

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

Review of the medical records provided supports the claimant is a gentleman status post slip and fall off a trailer with a calcaneal fracture xx/xx/xx. X-rays and CT scan showed a fracture in the posterolateral aspect of the posterior facet with moderate comminution, mild widening, relative maintenance and they recommended compressive dressing, short leg removable walking brace, nonweightbearing six weeks, Celebrex, Vicodin, off work, progression to weightbearing, resumption of activities. He was wearing athletic shoes and a lace up work boot on 10/29/08. The fracture was consolidating at that time. Recommended considering custom molded AFO for comfort if he remained symptomatic. He was injected which helped on 11/18/08. Recommended an Arizona type AFO brace on 12/09/08.

Based on review of the medical records provided, evidence based medicine the Reviewer does not find the medical necessity of a custom molded ankle gauntlet. There is nothing in the records provided to support atypical habitus to require a custom fabricated implant and this is consistent with evidence based medicine, ODG guidelines, ACOEM guidelines and thus it is denied as medically indicated.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, ankle foot

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)