

I-Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW:

May/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cortisone Injection into the plantar fascia, right foot (99024, 20550, J0670, J2007, J3303)

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

M.D., board certified in Orthopedic Surgery

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 4/9/09, 4/23/09

MD, 4/3/09, 3/12/09, 3/6/09, 2/20/09, 11/26/08, 11/19/08, 11/14/08, 10/30/08

Fax Transmittal, undated

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone excision of a foot mass with a documented tear in the calcaneal insertion of the plantar fascia. He has had orthotics and various other conservative treatments. Date of injury was xx-xx-xx. This request is for injection to the plantar fascia of the right foot in the physician's office.

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

The previous reviewer has cited the ODG Ankle/Foot Chapter for injections showing there is no evidence of effectiveness with injection of cortisone for plantar heel pain. It is true that the ODG states that the injections remain under study. However, the ODG also states this is a well recognized treatment notwithstanding lack of high-grade research supporting it. The ODG indicates that the injections are a popular method of treating this particular condition. The records indicate this patient has had sufficient conservative measures before pursuing injections. The treating physician has provided sufficient reasoning and sufficient information to support overturning the previous adverse determination. In this particular case, the reviewer finds that medical necessity does exist for Cortisone Injection into the plantar fascia, right foot (99024, 20550, J0670, J2007, J3303).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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