

SENT VIA EMAIL OR FAX ON  
Aug/18/2010

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/17/2010

**IRO CASE #:**

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

Outpatient Left Foot Partial Plantar Release to Included Code 28060

**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

Sutliff, FNP office visits 02/12/10, 02/16/10, 02/23/10

Dr. office visits 03/11/10, 04/08/10, 05/04/10, 06/01/10, 06/23/10

Peer Reviews 06/17/10, 07/08/10

X-ray left calcaneus 02/12/10

MRI left foot 04/22/10

Physical Therapy Records 06/07/10, 06/14/10, 06/21/10

Medical History Questionnaire. 03/10/10

Letter of medical necessity undated

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who reportedly injured his left heel when he fell off a ladder on xx/xx/xx and landed on his foot. The claimant was diagnosed with contusion left heel with secondary plantar fasciitis. A physician record dated 02/12/10 noted the claimant with exquisite tenderness in the mid calcaneus area. X-rays showed no bony abnormality and no plantar spurring. Treatment recommendations included modified duty, ice and heel pads.

An evaluation dated 03/11/10 noted the claimant with constant moderate left heel pain with significant tenderness about the area of the plantar junction of the medial hindfoot and the origin of the plantar fascia. Stretching exercises and immobilization were recommended. A left foot MRI followed on 04/22/10, which showed findings consistent with plantar fasciitis involving the proximal plantar fascia and posterior plantar aspect of the calcaneus.

Follow up physician records of May and June 2010 revealed the claimant with continued heel pain with tenderness about the area of the plantar fascia despite cast immobilization. Chronic refractory plantar fasciitis was diagnosed. A 06/23/10 physician record noted the

claimant not improved with a course of physical therapy. The claimant remained in the fracture boot. Treatment options were discussed. Surgery in the form of a partial plantar fascial release was recommended.

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

The claimant has a diagnosis of plantar fasciitis following an injury of xx/xx/xx when he fell off a ladder and landed on his foot. The MRI on 04/22/10 showed evidence of plantar fasciitis proximally. The claimant has been treated conservatively. Due to persistent pain, Dr. recommended surgery on 06/23/10. Based solely on review of the records and evidence-based medicine at this juncture, the IRO reviewer cannot recommend the proposed surgery as medically indicated and appropriate at this time. The ODG Guidelines recommend six to twelve months of exhaustive conservative care. It appears appropriate conservative treatment has been rendered thus far for nearly six months at this time. It is unclear if a cortisone injection has been tried (as recommended by the guidelines) as a diagnostic potentially therapeutic modality. It is unclear if oral steroids have been tried or anti-inflammatory medications as tolerated (also recommended by the guidelines). Given the above issues, the IRO reviewer cannot recommend the proposed surgery as medically indicated at this time.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Ankle and Foot. : Surgery for plantar fasciitis

Not recommended except as indicated below. No randomized trials evaluating surgery for plantar heel pain against a control group have been identified; therefore no conclusions can be drawn. ([Crawford, 2002](#)) Generally, surgical intervention may be considered in severe cases when other treatment fails. In general, heel pain resolves with conservative treatment. In recalcitrant cases, however, entrapment of the first branch lateral plantar nerve should be suspected. Surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. ([Baxter, 1992](#)) Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. ([Neufeld, 2008](#)) Plantar fasciotomy, in particular total plantar fasciotomy, may lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)