

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** November 4, 2010

**IRO CASE #:**

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

Ankle foot orthosis.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY  
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., 09/09/08, 04/08/09, 06/09/10, 07/21/10, 09/15/10, 10/05/10
- Utilization Review Unit, no date
- 03/09/09, 04/10/09
- MRI & Diagnostic, Inc., 09/08/10
- Express, 09/27/10
- Health Solutions, 09/30/10, 10/18/10
- 09/30/10, 10/18/10

- Texas Department of Insurance, 10/25/10
- Request for a Review by an Independent Review Organization, 10/19/10

Medical records from the Provider include:

- M.D., 09/03/08, 09/09/08, 10/06/08, 10/27/08, 11/04/08, 11/10/08, 12/08/08, 12/29/08, 01/28/09, 03/04/09, 04/08/09, 05/06/09, 07/30/09, 09/14/09, 10/26/09, 01/20/10, 06/09/10, 07/21/10, 09/15/10
- Texas Workers' Compensation Work Status Report, 10/06/08, 10/27/08, 11/10/08, 12/08/08, 12/29/08, 01/28/09, 03/04/09, 04/08/09, 05/06/09, 07/30/09, 09/14/09, 10/26/09, 01/20/10, 06/09/10, 07/21/10, 09/15/10

**PATIENT CLINICAL HISTORY:**

I have had the opportunity to review medical records on the patient. The records indicate a date of injury of xx/xx/xx. According to the records provided the patient was involved in an on the job injury in which he sustained an open grade 3 pylon fracture. He underwent multiple surgical procedures by M.D. Initially an external fixation device was placed. It was subsequently removed. He wore a boot and remained on weight bearing for an extended period of time. He was eventually placed at maximum medical improvement and he continued to return to Dr. in 2010. At his last visit with Dr., no physical examination findings are given and Dr. recommended an ankle/foot orthosis for posttraumatic arthritis. This was declined by the carrier.

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

The ankle/foot orthosis is not supported by the records provided and ODG Guidelines. ODG does recommend ankle/foot orthosis as an option for foot drop. It can also be used to assist plantar flexion in neurologic injuries. Finally it can be used for dorsiflexion assistance in instances of flaccid or spastic equinovarus deformity. None of these criteria are met in this case. The denial, therefore, appears to be appropriate.

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