

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical necessity for release of abductor digiti Quinti Minimi nerves (64722, 28120) and right foot release of plantar fascia, removal of heel spur.

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

M.D., 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 6/29/10, 7/27/10

Office Visits, Dr., 01/22/07, 02/15/07,

Operative Report, 05/09/07

Procedure note, 05/09/07

Physical Therapy Notes, 08/02/07, 08/08/07, 08/09/07, 09/18/07

Note from therapist, 08/07/07

Office Notes, Dr., 07/17/08, 09/11/08, 01/08/09, 03/26/09, 04/09/09, 06/25/09, 07/23/09,

09/10/09, 10/01/09, 11/05/09, 12/10/09, 01/28/10, 03/25/10, 06/17/10, 07/08/10

Reviews, 06/29/10, 07/27/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who jumped from a conveyer belt about 5 feet landing on a large screw to the foot on xx/xx/xx. He was diagnosed with plantar fasciitis on the right and on xx/xx/xx underwent release of plantar fascia, release of abductor digiti minimi quinti and removal of heel spur. He treated postoperatively with therapy. Dr. saw the claimant on 07/17/08 for right heel pain. He was working, but needed 2-3 Vicodin/day. There was tenderness at the insertion of the plantar fascia, good motion of the ankle, subtalar joint and transverse tarsal joint. There was residual tenderness at the insertion of the plantar fascia. An injection of steroid and Xylocaine, soft insert and stretching exercises were recommended. At the 09/11/08 visit the claimant reported doing better after the last injection,

but still required anti-inflammatory medication and narcotic. Soft inserts, stretching exercises and Vicodin were recommended. The claimant continued treating with Dr. between 01/08/09 and 03/26/09. At the 04/09/09 visit the claimant reported a recurrence of severe right heel pain and a large heel spur. He stated that the prior surgery was successful for quite a while. However, he was always in need of pain medication. Good motion of the ankle and significant tenderness at the insertion of the plantar fascia over the heel were noted on examination. X-rays showed evidence of a large heel spur. Vicodin was refilled and redo surgery, release of plantar fascia, release of the abductor digiti quinti minimi and removal of the heel spur was recommended.

On 06/25/09 a soft insert and stretching exercises were recommended. He wanted to have the surgery. He was working despite pain. Dr. reportedly denied the surgery. The claimant had ongoing symptoms. According to a 10/01/09 visit the surgery was denied due to the lack of additional therapy or injection. The 10/01/09 examination showed good motion of the ankle, subtalar joint and transverse tarsal joint and continued tenderness at the insertion of the heel. Due to the denial, Dr. stated they would start with an injection.

Dr. re-evaluated the claimant on 03/25/10 for continued significant tenderness over the plantar fascia at the insertion of the plantar fascia, medial aspect of the heel. Surgery was again recommended. Dr. stated they had exhausted all conservative treatment modalities. A review by Dr. on 06/29/10 denied the surgery. On 07/08/10 the claimant was re-evaluated. The examination showed good motion of the ankle and subtalar joint. He had exquisite tenderness at the insertion of the medial aspect of the plantar fascia into the heel. There was no tightness over the Achilles tendon and no stiffness in any of the joints. Dr. stated the claimant had tried therapy, pain medications, anti-inflammatories, had a soft insole and tried stretching exercises and injection without help. Surgery was again recommended. Dr. reviewed the case on 07/27/10 and denied the surgery due to the lack of documentation of 12 months of additional non-surgical care other than medications.

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

According to the ODG Guidelines, surgery for plantar fasciitis is not recommended at all. Plantar fasciotomy, in particular total plantar fasciotomy, may lead to loss of stability in the medial longitudinal arch and abnormalities in gait in particular pronated foot. This claimant has undergone plantar fasciotomy release of the abductor digiti Quinti Minimi and removal of heel spur in 2007. He has failed appropriate conservative treatment including injections, inserts, stretching exercises, Vicodin. It is unclear to this reviewer whether or not a complete or partial plantar fasciotomy is planned. As complete release of the plantar fascia is contraindicated by the ODG Guidelines the proposed surgery cannot be recommended as medically necessary. The reviewer finds that medical necessity does not exist for Medical necessity for release of abductor digiti Quinti Minimi nerves (64722, 28120) and right foot release of plantar fascia, removal of heel spur.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Foot/Ankle – 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)

Mann and Coughlin, Surgery of the Foot and Ankle, Sixth Edition; Chapter 28, page 1231-1232

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