

Prime 400 LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right foot fasciectomy and tarsal tunnel release

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

Doctor of Medicine (M.D.) -- Board Certified in Orthopaedic 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

Official Disability Guidelines

, 7/21/10, 8/12/10

, 7/21/10, 8/12/10

Institute, 4/26/10, 6/3/10, 4/8/10, 7/8/10, 5/3/10,

1/12/10, 1/15/10 1/29/10, 2/26/10, 3/1/10, 3/15/10, 6/25/10, 7/16/10, 7/28/10

MD, 5/14/10

, 1/21/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female patient with an injury date of xx/xx/xx. Records state that she slipped while walking down a ramp and twisted her right ankle. The patient has persistent ankle and foot pain nearly 8 months after ORIF of a lateral malleolus fracture. The fracture has healed uneventfully. The patient has not responded well to icing and stretching, as well as Celebrex, for plantar fasciitis.

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

This request does not conform to the ODG criteria for tarsal tunnel release. There has been no documentation of conservative care for this diagnosis, nor is there positive electrodiagnostic study indicating tarsal tunnel syndrome. The ODG does not recommend surgery for plantar fasciitis. "In general, heel pain resolves with conservative treatment," and in general, "non-surgical management of plantar fasciitis is successful in approximately 90% of patients" according to the evidence-based guidelines. Therefore, upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds that medical necessity has not been established at this time for Right foot fasciectomy and tarsal tunnel release.

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)