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Notice of Independent Review Decision

DATE OF REVIEW: 11/29/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:
Request: Orthopedic Shoe each (right and left) CPT L3221 L3310 L3221 L3310
1" Shoe Elevation, each (right)
Orthopedic Shoe, each (right & left)
1" Shoe Elevation, each (right)

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 08/31/04 through 10/04/11
2. Previous utilization reviews dated 10/28/11 and 11/04/11
3. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury to his lower extremities. The clinical note dated 08/31/04 details the employee having an infection in the lower extremities related to a prior necrotizing fasciitis.

The clinical note dated 12/21/04 details the employee utilizing antibiotic therapy.

The clinical note dated 01/04/05 details the employee improving with the antibiotics.

The clinical note dated 09/09/05 details the employee doing well; however, the employee was noted to be experiencing occasional flare-ups of the fasciitis.

The clinical note dated 06/08/07 details the employee having been in a motorcycle accident and was treated in the emergency room and placed in a posterior splint. The employee was noted to have a tibial plateau fracture at that time.

The clinical note dated 09/02/08 details the employee continuing with antibiotic therapy to include Levoquin, which was noted to be working well.

The clinical note dated 11/24/08 details the employee having problems with his shoes, orthotics, and feet.

The clinical note dated 12/02/08 details the employee continuing with complaints of foot and ankle pain bilaterally. The note details the employee having undergone twenty-eight operations in both lower extremities. The employee was noted to have an increase in pain at the ankles and feet bilaterally. The employee was noted to have a draining ulceration at the lateral aspect of the left leg secondary to necrotizing fasciitis and osteomyelitis of the tibia. The ankle pain was noted to be severely limiting the employee's activities and mobility. The employee rated the pain as 7/10 at that time. The employee was noted to be utilizing ongoing antibiotic therapy at that time. The ulceration measured 2.5 x 1.5 cm. The employee's past medical history was significant for ongoing diabetes.

The clinical note dated 06/11/10 details the employee limping significantly. The employee was noted to be utilizing crutches at that time.

The clinical note dated 10/04/11 details the employee's new shoes affecting his lower extremities. Upon examination, multiple lower extremity scars were noted from the previous crush injury. 2+ effusion was noted. Pinning edema was noted. The employee was provided with a Cortisone injection to the ankle secondary to arthritic changes at that time. The employee was noted to be complaining of left ankle pain for which he was treated with a Cortisone injection.

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

The documentation details the employee complaining of lower extremity pain following a number of surgical interventions. The ***Official Disability Guidelines*** recommends foot orthotics provided the employee meets specific criteria to include findings of plantar fasciitis or foot pain related to rheumatory arthritis or hallux valgus. There was a lack of information regarding the employee's plantar fasciitis. The employee's complaints of foot pain appear to be directly related to the surgical interventions as well as the

necrotizing fasciitis. There is no mention in the clinical notes regarding the employee's hallux valgus. Given the lack of significant clinical findings involving the employee's foot/ankle, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Ankle and Foot chapter, Online Version.

Orthotic devices:

Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. (Lynch, 1998) (Gross, 2002) For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. (Kerkhoffs, 2002) For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. (Ferrari-Cochrane, 2004) Semirigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. (Chalmers, 2000) The use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. There is insufficient evidence to determine the best design of such inserts but comfort and tolerability should be considered. Rehabilitation after tibial stress fracture may be aided by the use of pneumatic bracing but more evidence is required to confirm this. (Rome-Cochrane, 2005) Foot orthoses produce small

short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. The customized and prefabricated orthoses used in this trial have similar effectiveness in the treatment of plantar fasciitis. (Landorf, 2006) Eleven trials involving 1332 participants were included in this meta-analysis: five trials evaluated custom-made foot orthoses for plantar fasciitis (691 participants); three for foot pain in rheumatoid arthritis (231 participants); and one for hallux valgus (209 participants). Custom-made foot orthoses were effective for rearfoot pain in rheumatoid arthritis (NNT:4) and painful hallux valgus (NNT:6); however, surgery was even more effective for hallux valgus. It is unclear if custom-made foot orthoses were effective for plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. (Hawke, 2008) Rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot and to alter gait kinetics and kinematics in proximal joints. In this review, efficacy has not been demonstrated. The effectiveness of rocker-soled shoes in restricting sagittal plane motion in individual joints of the foot is unclear. Rocker profiles have minimal effect on the kinetics and kinematics of the more proximal joints of the lower limb, but more significant effects are seen at the ankle. (Hutchins, 2009) According to this systematic review of treatment for ankle sprains, pneumatic braces provide beneficial ankle support and may prevent subsequent sprains during high-risk sporting activity. (Seah, 2011) Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. A pre-fab orthosis may be made of softer material more appropriate in the acute phase, but it may break down with use whereas a custom semi-rigid orthosis may work better over the long term. See also Ankle foot orthosis (AFO).