**Notice of Independent Review Decision**
**IRO REVIEWER REPORT – WC (Non-Network)**

**DATE OF REVIEW:** 06/02/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
4 Men High Top Shoes, 2 Metatarsal Bar Rockers, 2 Stirrup Transfer to Orthosis, and 2 Split Size Shoes

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

2 Split Size Shoes - OVERTURNED
1 Men High Top Shoes - OVERTURNED
3 Men High Top Shoes – UPHELD
2 Metatarsal Bar Rockers – OVERTURNED
2 Stirrup Transfer to Orthosis – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Evaluation, M.D., 06/22/10, 09/14/10, 11/09/10, 12/07/10, 01/20/11, 03/14/11, 05/02/11
- DWC Form, Dr., 06/22/10, 09/14/10, 12/07/10, 01/20/11, 03/14/11
- Operative Report, Dr., 10/27/10
- Denial Letter, 03/23/11, 04/06/11
- Letter of Medical Necessity, Dr. 03/29/11
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**
The patient fell from about 13 feet from the top of a truck, landing on his right foot. The incident occurred on XX/XX/XX. He suffered a midfoot fracture and was initially treated non-operatively. After evaluation on 06/22/10, the patient was placed in a double

upright AFO with an unlocked ankle in a shoe with a rocker toe modified with a steel shank. He underwent triple arthrodesis of the right foot, performed on 10/27/10. The patient continued to have weakness and dysfunction in the extremity. A double upright brace that could be incorporated into not only a work boot with a steel toe, but also a regular everyday recreational shoe was recommended. His right foot was a full size bigger than his left foot, as a result of the injury, and therefore, the patient would require two different sized shoes.

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

After review of the records, at this time I do feel the split-size shoes are medically indicated as Dr. indicates the patient's affected right foot is clearly one size larger than the left post injury and surgery. Therefore, the two split size shoes would be medically indicated. I do feel one pair of high-topped work shoes would also be appropriate. The metatarsal rocker bar would be beneficial as the patient is post triple arthrodesis. The stirrup transferred orthoses necessity is not adequately supported as necessary, as the patient previously utilized a prescribed AFO, and there is no indication why the patient could not continue to utilize that AFO. Therefore, I would recommend non-certification of the two-stirrup transfer orthosis.

**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)**
- ☐ **AMA GUIDES 5TH EDITION**