

SENT VIA EMAIL OR FAX ON
Apr/27/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Steroid Injections to the Right and Left Foot to include CPT codes 20550 X 2, J1030 X 2

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

Practicing Podiatrist in the state of Texas with 25 years experience in treating plantar heel pain. Double boarded in both ABPOPPM and ABMS

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

OD Guidelines

Podiatry 2/18/11 thru 3/31/11

3/28/11 and 4/6/11

PATIENT CLINICAL HISTORY SUMMARY

From Drs' and review the date of injury was xx/xx/xx. There are no other references to this date of injury in the records. The injured was first seen by Dr. 2/18/11 and treated with bilateral corticosteroid injections of 20mg of depomedral mixed with .5cc of marcaine and a plantar rest strap. On 2/24/11 the injured returned to Dr. and was casted for orthotics. The note describes no change in symptoms. On 3/15/11 the injured returned to Dr. who described the pain as uncontrolled and was prescribed celebrex 200 mg daily. Therapy notes dated 3/1/11 describe plantar foot pain right > left, pain at its worst 7/10 and aggravated by weight bearing. Physical exam reports symmetric findings. 28 minutes of therapy are documented for 3/1/11. Recommended therapy 3 times weekly for 4 weeks. Therapy notes for 3/31/11 with documentation of 50% of goals met and recommended for

continued therapy 2 times weekly for another month. There was no documentation of treatment this date.

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

Corticosteroids are used in the treatment of plantar calcaneal pain frequently. However in this case there is not any documentation to suggest any relief from the first injections. Therefore repeating a non-beneficial therapy is not medically necessary.

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)