

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Foot Scan, Purchase of Orthotics and Fitting-Bilaterally

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

M.D., Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Treatment Guidelines

HDi 10/27/11 and 11/28/11

PA-C 05/17/11

Dr. 02/22/11, 12/23/08, 09/15/08

D.C. 10/24/11, 01/09/09

Foot scan 11/10/11

Chiropractic treatment records 02/18/09-04/22/11

Dr. 11/10/09

MRI lumbar spine 06/25/09

MRI lumbar spine 06/07/07

MRI pelvis 03/12/09

MRI bilateral lower extremities 03/12/09

Independent Medical Examination Dr. 01/15/09

Radiographic report lumbar spine 03/31/06

Functional capacity evaluation dated 03/29/07

Dr. 08/17/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who has date of injury of xx/xx/xx. She injured her lower back. She has had multiple surgical procedures, including lumbar fusion with pedicle screw instrumentation from L3-S1. She has been maintained on oral medications. She received interventional procedures and later began to receive care from D.C. MRI was performed on 06/25/09 indicating presence of multilevel arachnoiditis. Dr. maintains her pain management. On 10/24/11, D.C. notes the claimant has moderate antalgic gait. She ambulates slowly with cane for support. She has moderate weakness and restriction of motion over the lower extremities. She has multiple positive findings consistent with surgical history. The provider

has requested a foot scan to determine if there was increased pressure and gait alteration and custom foot orthotics. Dr. reviewed the initial request on 10/27/11. He denied the request stating that the records do not reflect any notes with issues regarding the feet or tenderness to palpation in region of foot or bony prominences or plantar fasciitis to support the request. D.C, also denied the request, noting that ODG recommends consideration of orthotics in presence of significant leg length discrepancy of which there is no evidence in this case. He notes there is no evidence of lumbosacral surgery alters biomechanics of lower extremity in such a way to necessitate foot orthotics.

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

The records contain no data to establish there is structural deficiency in the feet that would require use of orthotics. The records do not indicate any abnormalities on serial examinations regarding bilateral feet. There is no evidence of leg length discrepancy. Therefore, Foot Scan, Purchase of Orthotics and Fitting-Bilaterally is not found to be medically necessary for this claimant.

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)