



Notice of Independent Review

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES:** 08/12/11

**IRO CASE #:**

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

Texas-licensed M.D., board certified in Neurology, added qualifications in Pain Medicine

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Injection of major joint (shoulder, hip, knee) left foot plantar fascia injection

**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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
728.7	20610		Prosp.				Xx/xx/xx		Overturn

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- TDI case assignment.
- Letter of denial 06/06/13 and 07/04/13, including rationale and criteria used in the denial.
- Treating doctor's exams 02/02/12 through 03/22/13.
- U.R. findings 03/06/12 & 03/07/12

**PATIENT CLINICAL HISTORY (SUMMARY):**

This claimant sustained a work-related injury on xx/xx/xx and was diagnosed with right hip pain, right shoulder pain, and left knee pain. She underwent treatment for that, including a left total knee replacement in October of 2009. The most recent note from a treating physician, dated 03/22/13, indicates that the claimant's pain in most of these areas is quite low; rated at 2/10 in the right shoulder, 5/10 in the left knee improved after total knee replacement, and 3/10 in the right hip. However, there are symptoms and signs compatible with plantar fasciitis in the left foot, which was felt to be an outcome due to altered gait from her injury, and right-sided plantar fasciitis which ultimately responded to a steroid injection. Therefore, a similar injection has been requested for the left foot.

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

After a review of the records, I do feel that it is reasonable to treat the left foot similar to the right foot, which responded to a similar injection as there does appear to be rationale that the left-sided plantar fasciitis is an outcome from her injury primarily due to alteration in gait.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines

**INDEPENDENT REVIEW INCORPORATED**

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- Milliman Care Guidelines
- ODG-Office 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)