

# True Resolutions Inc.

An Independent Review Organization

500 E. 4th St., PMB 352

Austin, TX 78701

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: rm@trueresolutionsinc.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jan/17/2013

### IRO CASE #:

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

Partial Plantar Fasciectomy and Distal Tarsal Tunnel Release

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

Board Certified Orthopedic Surgeon (Joint)

### 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 medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 01/08/13

Receipt of request for IRO, undated

Utilization review determination dated 12/04/12

Utilization review determination dated 01/07/13

Designated doctor's evaluation dated 09/21/12

DWC form 69 dated 09/12/12

Clinical records Dr. dated 10/17/12 and 11/28/12

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have sustained an injury to her right foot and ankle as a result of an inversion injury on carpet on xx/xx/xx. She is noted to have initially been treated at clinic. It is reported that the claimant underwent MRI of the right ankle on 12/15/11. This study reports findings suggestive of a full-thickness tear of the plantar

aponeurosis; interstitial edema along the plantar aponeurosis; and a plantar calcaneal spur. The claimant's medications have included anti-inflammatories. She has been treated with cortisone injections to the right ankle. It is noted that the claimant had reached maximum medical improvement on 03/21/12 with a 4% whole person impairment.

On 10/17/12, the claimant was seen by Dr.. She is noted to have initially had significant swelling and bruising, mostly along the lateral aspect of the right foot and ankle. She has been previously treated at another clinic. She has received anti-inflammatories and later had physical therapy which caused more pain. She subsequently was placed in a boot. She was noted to have had persistent pain diffusely in the foot and ankle which sometimes radiates up into the hip. She has had 3 different injections in the foot which have not helped with her pain. On physical examination, the claimant was noted to be 65" tall and weigh 209 lbs. On examination of the ankle, the claimant has an antalgic gait and is in boot. She has diffuse tenderness around the foot and ankle, most notably at the plantar heel as well as the plantar lateral aspect of the forefoot. The Achilles tendon is intact and nontender. The peroneal tendons are stable. There is no gross ligamentous laxity noted. She has weak ankle dorsiflexion, plantar flexion, inversion, and eversion strength. Sensation is intact. Radiographs show no significant abnormalities. She was subsequently recommended to undergo additional physical therapy and recommended to begin weaning from her boot.

On 11/28/12, the claimant was seen in follow-up by Dr. The claimant reports that physical therapy was not approved and that Lyrica did not help much with her pain. She has continued complaints of pain at the plantar heel as well as the plantar lateral forefoot region. Her physical examination remains unchanged in regards to tenderness and swelling. She is noted to have decreased hindfoot range of motion secondary to pain. It is reported that there is a positive Tinel's at the tibial nerve, distal to the medial malleolus. The claimant subsequently has been recommended to undergo surgical intervention; a plantar fascia release and distal tarsal tunnel release.

The initial review was performed by Dr. on 12/04/12. Dr. notes that the guidelines indicate that surgery for tarsal tunnel syndrome is recommended after conservative treatment of at least 1 month with positive electrodiagnostic studies indicating tarsal tunnel syndrome. Plantar fasciitis surgery is not recommended unless in severe cases where other treatments have failed. He notes that the clinical documentation provided for review indicates that the claimant has ongoing foot pain and has undergone 3 cortisone injections. He notes that there is no documentation of other conservative measures and there is no documentation of electrodiagnostic studies diagnosing tarsal tunnel syndrome. As such, he finds that the request is not supported.

The appeal request was reviewed by Dr. on 01/07/13. Dr. notes that the record does not include an electrodiagnostic study of the right foot to confirm the presence of tarsal tunnel syndrome and, as such, he upholds the prior denial.

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

The request for partial plantar fasciectomy and distal tarsal tunnel release is not supported as medically necessary. The submitted clinical records indicate that the claimant sustained an ankle sprain as a result of a trip on carpeting. Record report that the claimant has undergone conservative treatment; however, there are no records detailing the physical therapy treatments received. It is unclear if the claimant received physical therapy for the ankle injury or subsequent development of plantar fasciitis. The record reports that the claimant has undergone three injections which appear largely to have been performed in the ankle. There are no procedure reports validating that corticosteroid injection was attempted to treat the plantar fasciitis. Additionally, the record does not indicate that the claimant had focused physical therapy or participated in a home stretching exercise for this condition. As such, she is not documented as exhausting all conservative management. In addition to this, the submitted clinical records provide no data to establish the presence of a tarsal tunnel syndrome. There is a reference to a positive Tinel's which developed well after the date of

injury. The record does not include electrodiagnostic studies which validate the presence of a tarsal tunnel syndrome. As such, the claimant would not meet criteria per Official Disability Guidelines for tarsal tunnel release. Based upon the submitted clinical record, it is the opinion of this reviewer that the claimant or the data presented does not establish that the claimant meets Official Disability Guidelines criteria and therefore the prior utilization review determinations are upheld.

**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)