

# Independent Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Feb/23/2013

### IRO CASE #:

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

Left Plantar Fascia Injection

### 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 02/11/13

Receipt of request for IRO dated 02/12/13

Utilization review determination dated 02/01/13

Utilization review determination dated 02/11/13

Clinical records dated 12/18/12

Clinical records dated 01/29/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who has a date of injury of xx/xx/xx. Per the submitted clinical records, the claimant is status post a left calcaneus nonunion fracture fragment excision and ligament repair performed on 08/27/12. It is noted that she has concomitant plantar fasciitis. The claimant underwent a plantar fascia steroid injection during the previous visit. She is noted to have not experienced any relief following the steroid injection. She is utilizing a night splint and continues with physical therapy. On examination, she is noted to be 63" tall and 145 lbs. Her left lateral hindfoot incision is healed. There is no tenderness in this area. There is full range of motion throughout. There is some swelling and tenderness at the plantar medial aspect of the heel. There is decreased sensation around the hallux. Otherwise, there is normal sensation. The claimant was cleared to return to work and was to be seen in follow-up in 6 weeks. She is to continue with physical therapy as instructed. She is to perform aggressive stretching exercises and use a Viscoheel for comfort.

The claimant was seen in follow-up on 01/29/13. The claimant continues to complain of pain at the plantar medial aspect of her heel. The lateral hindfoot pain is minimal. She is no longer taking any pain medications. She has been using a Viscoheel and performing stretching exercises. She is further using a night splint. She is working regular duty. On physical examination, she is noted to ambulate with a normal gait. There is minimal tenderness at the lateral hindfoot scar. She has full range of motion throughout. There is tenderness at the plantar and medial heel region. The claimant was subsequently recommended to receive a corticosteroid injection under radiographic guidance.

The initial request was reviewed on 02/01/13. cites the Official Disability Guideline criteria. She notes that the claimant had previously had 1 plantar fascia injection in the office with no benefit. She notes that the Official Disability Guidelines do not support these injections at all as there is no long-term effect typically obtained from this. She notes that these are typically done under ultrasound guidance which is how the 1st injection should have been performed. She subsequently non-certifies the request.

The appeal request was reviewed on 02/11/13. cites the Official Disability Guidelines and notes that the request is not supported as medically necessary. He notes that the initial request was non-certified on 02/01/13 and noted that the claimant had one plantar fascia injection in the office with no benefit. He further notes that the Official Disability Guidelines do not support doing plantar fascia injections as they seldom result in any long-term relief. He subsequently notes that there is insufficient information to support a change in determination and upholds the prior utilization review determination.

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

The request for a left plantar fascia injection is not supported by the submitted clinical information. The available medical records indicate that the claimant is a female who sustained a work-related injury on xx/xx/xx. This ultimately resulted in a surgical intervention in 08/12. Postoperatively, the claimant appears to have improved. She is noted to have returned back to full, regular duty and ambulates with a normal gait. It is noted that, during the course of the claimant's treatment, she underwent a corticosteroid injection with no benefit. Noting this past response to a prior injection, repeat injection would not be clinically indicated nor supported under the Official Disability Guidelines. Therefore, based upon the data provided, it is this reviewer's opinion that the requested injection is not medically necessary and 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:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**