

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 pair of work boots with heel lift

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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. It is the opinion of the reviewer that the request for 1 pair of work boots with heel lift is not recommended as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient was involved in a head-on collision. He sustained multiple lacerations and abrasions as well as comminuted fracture of the proximal phalanx, fracture of the right cuboid and a comminuted fracture of the right acetabulum. He underwent ORIF of his right acetabulum, ORIF of his right cuboid on his foot, and reduction and percutaneous pinning of his fifth digit with repair of the central slip of his left fourth digit. The patient underwent total hip arthroplasty on 09/04/08 followed by physical therapy. Note dated 04/15/14 indicates that the patient presents with right foot pain. Patient presents in supportive shoes. X-rays showed healed fractures, arthritic changes at the anterior ankle and at the dorsal midfoot, no focal lytic or blastic regions seen. MRI of the right foot reportedly revealed prominent subcutaneous edema around the ankle and foot without well-defined abscess. The ankle and foot joints are maintained. The patient is noted to use a custom solid molded AFO brace. Note dated 07/03/14 indicates that the patient presents in a cam walker boot. The patient states he has been doing well and denies pain on foot. Note dated 08/13/14 indicates that the patient presents with a right great toe ulceration. He has started to have left side lateral ankle pain due to eversion and impingement from compensating for shorter right extremity. Note dated 08/25/14 indicates that the patient presents in supportive shoe with assistance of AFO. On physical examination sensation is diminished distally bilaterally. There is a wound over the plantar surface of the 1st IPJ on the right, no tunnels/sinuses noted, no undermining noted, stage II wound, no ligament, muscle or bone exposed in the floor of the wound. Note dated 09/03/14 indicates that the patient has had heel lift in the past but feels as if his right leg has gotten shorter. There is a 2 cm leg length discrepancy as measured from ASIS to medial malleolus.

Initial request for 1 pair of work boots with heel lift was non-certified on 08/11/14 noting that there is no detailed physical examination of the patient's ankle and foot in the records reviewed. Guidelines recommend a heel/sole lift as an option for temporary limb length discrepancy sequelae when it is necessary to balance the limb lengths from use of an orthotic device that will add more than 2 cm length to one lower extremity for a long duration. Objective measurements of the patient's leg length discrepancy were not detailed. The denial was upheld on appeal dated 08/19/14 noting that objective documentation of insufficiency of prior shoe has not been documented. Objective indication of decreased pain scores, increased function or decreased medication use with the custom shoe has not been documented to support the requested custom boot at this time, versus prefabricated orthotic.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx. The patient has been provided with supportive shoes, cam walker boot and AFO. There is no clear rationale provided to support custom work boots at this time. The Official Disability Guidelines recommend a heel/sole lift as an option for temporary limb length discrepancy sequelae caused by use of a CAM walker or other immobilization device, when it is necessary to balance the limb lengths from use of an orthotic device that will add more than 2 cm length to one lower extremity for a long duration. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. The issues raised by the previous denials have not been adequately addressed. As such, it is the opinion of the reviewer that the request for 1 pair of work boots with heel lift is not recommended as 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)