



Notice of Independent Review Decision - WC

DATE OF REVIEW: 10/19/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral Plantar Fasciotomy/Fasciectomy

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

Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Bilateral Plantar Fasciotomy/Fasciectomy - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx in a fall. The claimant was diagnosed with bilateral foot pain and plantar fasciitis. There was no acute abnormality on X-rays. On bilateral examination there is limited dorsiflexion and a positive Windlass exam with subjective tenderness to palpation along the medial plantar fascial band and at the plantar fascial attachment without posterior tibial tendon tenderness, peroneal tenderness or pain with hind foot motion was noted. Instability is not noted.

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

The treating doctor states that all conservative management had been exhausted and surgery was recommended. However the medical records do not confirm the guideline recommended eight to twelve months of appropriate conservative management prior to consideration of surgery. Recent treatment has included use of oral NSAIDs and activity modification only. There was no documentation of failure of an appropriate course of rehabilitation therapy or documented evidence of instruction/participation in a home exercise program. There is no documentation of medications other than ibuprofen or other conservative treatment modalities. The previous decision to deny certification is upheld. Based on the ODG, the patient is not, at this time, a candidate for surgical intervention.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINE**