



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 04/01/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A pair of custom work boots between XX/XX/XX and XX/XX/XX and a pair of dress boots between XX/XX/X and XX/XX/XX.

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

Texas State Licensed MD Board 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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The XX-year-old was noted to have been injured in XX/XXXX, reportedly this occurred when he twisted his right ankle upon stepping down from a deck. Prior diagnoses include osteoarthritis of the ankle and foot. The records revealed that the individual was status post a right foot and ankle surgical procedure in XXXX with left foot surgery in XXXX. The individual has been noted most recently including as of XX/XX/XX to have very limited ambulatory activity. The neurologic exam was noted to be intact. The diagnoses included plantar fasciitis in particular of the right foot. The records revealed as of XX/XX/XX that the individual "requires 2 different sized boots with a lower heel powder to prevent irritation on the medial aspect of his ankle." It was noted that since the accident, "he has needed to wear custom-made boots to accommodate for persistent unilateral swelling and pain on the medial aspect of his right ankle."

It was further noted that the treatment regimen had been occurring for "approximately XX years successfully mediating the pain allowing him to ambulate. While he was working, he required 2 pair of custom-boots per year, 1 work and 1 rest, now that he is no longer working. The patient only requires 1 pair dress boots per year." The condition was noted to be "chronic." It was noted that "There is no reason for suddenly change the treatment regimen." It was noted that the individual was "not requesting an orthotic. He is requesting a custom-made boot." References



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were felt to be a "conglomeration of sentences, raised some articles, that do not even pertain to the patient, since he has indicated a bilateral orthotics, are not needed for a unilateral condition, further indicates a gross misunderstanding." As per the treating provider.

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

The stable weight of 250 lbs with a height of 75 inches and shoes of "14." Among other findings including the fact that the individual "states yesterday he started walking and right foot pain was severe," with otherwise essentially normal exam and a diagnosis of right foot plantar fasciitis, in addition, for recommendation of "low dye strappings Celebrex."

The consideration for a "custom work boots and one pair of dress boots" is not supported by applicable clinical guidelines. The most applicable clinical guidelines are indeed the ODG guidelines with regards to use of orthotics in the ankle/foot chapter along with the guidelines with regards to insoles and supports. These have been documented by prior reviewers. In this reviewer's opinion, there is no issue with the guidelines that were referenced specifically from the ODG. In this reviewer's opinion, the individual does not have the most recent findings evidencing an active condition of plantar fasciitis that has been resistant to recent and comprehensive reasonable non-operative treatments including a trial and failure of medications, therapy and/or restricted activities. In addition, the individual has also clearly not had documentation of an indication for custom boots for work and/or dress. There has not been documentation of any significant deformity or other objectively supported active condition that has been demonstrated to have not responded to other forms of treatment including non-custom boots and/or orthotics.

Rationale for the denial included that based upon the clinical and further information submitted and evidence based per viewed guidelines that the findings did not support the bilateral orthoses to treat unilateral ankle-foot problems. In addition, rationale was that the most recent physical exam did not document significant functional deficits.

Therefore, at this time, based upon clinical experience, the documentation here in and the applicable references including from the ODG, ankle and foot with regards to shoes including with regards to orthotic devices, this reviewer's opinion is that medical necessity has not been established.



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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 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)