

Applied Resolutions LLC
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/23/2018 4:59:51 PM CST

Applied Resolutions LLC

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IRO REVIEWER REPORT

Date: 7/23/2018 4:59:51 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral custom orthotics

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX XX with a history of an occupational claim from XX. The mechanism of injury is detailed as when a XX XX on XX foot. The current diagnoses are documented as closed fracture of phalanx of right foot, acute pain due to injury, pain in limb, and metatarsal bone fracture of the right foot. Past treatment included surgery and medications. On XX, it was documented this patient had complaints of pain to the right foot that XX rated 7/10. XX reported XX pain was associated with numbness and tingling, swelling, catching, locking, and instability. Upon physical examination, it was noted XX had restricted range of motion to the 1st metatarsal phalangeal joint of the right foot. Tenderness to palpation was also noted as was swelling.

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

According to the Official Disability Guidelines, orthotics are recommended for those with plantar fasciitis and for foot pain in rheumatoid arthritis. The guidelines indicate that bilateral orthotics are not recommended to treat unilateral ankle-foot problems. The clinical documentation submitted for review indicated this patient sustained a fracture to the metatarsal of the right foot. However, there was no documentation noting XX had plantar fasciitis and for foot pain in rheumatoid arthritis. Further, a rationale for bilateral orthotics was not provided. Consequently, the request is not supported.

As such, the requested Bilateral custom orthotics is not medically necessary and upheld.

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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
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle and Foot (updated), Orthotic devices.