

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.906.0615 (fax)  
IRO Cert#5301

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**DATE OF REVIEW:** MAY 30, 2018 AMENDED ON JUNE 1, 2018

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of the Bilateral custom orthotics for a left foot injury (L3000, L9900)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a XXXX who was injured on XXXX, when the left foot XXXX. The claimant was diagnosed with left foot/ankle pain, ankle sprain, and closed fifth metatarsal fracture. Treatment included use of a bone growth stimulator and a cast boot. An evaluation on XXXX, documented decreased pain in the foot. The Body Mass Index was XXXX. There was no tenderness upon palpation in the lateral fifth metatarsal styloid region. There was normal strength in the left lower extremity. X-rays of the left foot documented a minimally displaced proximal left fifth metatarsal fracture of the styloid region.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

RATIONALE: The previous non-certification by XXXX, was due to lack of failure of a prefabricated brace and lack of bilateral foot problems. The previous non-certification is supported. Additional records included a request on XXXX, which indicated the claimant had pronated feet and made attempts to compensate for this, putting pressure on the outside of the foot. Correcting this foot positioning would help the mechanics. The guidelines indicate orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. The records do not reflect failure of a prefabricated orthotic. The records do not reflect the claimant has the diagnoses to warrant orthotics. Therefore, the request for a bilateral custom orthotic for the left foot is not deemed as medically necessary.

Official Disability Guidelines Ankle and Foot (updated 05/09/18) Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems.

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

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XXDWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XXMEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES