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An Independent Review Organization

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IRO REVIEWER REPORT

Date: 3/12/2018 7:34:46 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 bilateral accommodative molded foot orthotics

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

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 XXXX with a history of an occupational claim from XXXX. According to the documentation the patient sustained a crush injury resulting in chronic foot right pain. The patient's treatment history included a XX of fabricated orthotics that are beginning to wear. It is noted that the patient is able to self-manage XXXX chronic pain. The patient was evaluated on XXXX. The patient complained of right foot pain radiating into the Achilles tendon and calf with twitching of the second and fourth toes. Objective findings included a mild hallux valgus deformity and mild tenderness to the second and third MTP joints of the great toe. It was noted that radiographs and an MRI did not identify any significant abnormalities. The treatment plan at that time included a follow-up on an as-needed basis. The patient was evaluated on XXXX. On that day the patient complained of right foot pain with continued twitching and throbbing. Objective findings included an antalgic gait, and mild hallux valgus deformity, and diffuse allodynia and hyperpathia over the dorsal and plantar foot. It was noted that the patient has been using customized orthotics for approximately 2 years with good results but XXXX existing orthotics for wearing out. The treatment plan included replacement of the orthotics and follow-up evaluation on an as-needed basis. The request was denied on XXXX due to the lack of documentation of bilateral complaints and the lack of documentation of functional benefit from the existing equipment. The request was appealed. A denial to the appeal was provided on XXXX for the same reasons as no new infiltrate information was introduced addressing the lesions from previous denial.

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 appropriate for patients who have ongoing complaints of heel pain. The clinical documentation submitted for review does indicate that the patient has a chronic condition involving the right foot. Objective findings included allodynia and hyperpathia of the heel. It is noted that the patient has previously used customized orthotics for approximately XX that are wearing in the replacement. The patient indicates that XXXX is happy with the results of the orthotics. However, the documentation does not provide any indication that the patient has any left-sided complaints requiring an orthotic. Additionally, the documentation does not provide any objective information of functional increases or stability provided by the previous equipment.

As such, previous determination for the requested 1 bilateral accommodative molded foot orthotics remains upheld.

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 Chapter.