SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: April 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right below the knee prosthesis

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

Board Certified, Physical Medicine and Rehabilitation

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Hospital, 01/17/94, 01/20/94, 01/24/94, 03/01/94
- Association 02/08/94, 02/10/94, 02/12/94, 02/13/94, 02/14/94, 02/15/94, 02/16/94, 02/17/94, 02/18/94
- Orthopaedic Associates, 04/21/94, 08/20/98
- TIRR, 05/04/94, 05/10/94, 06/29/94, 07/20/94, 08/03/94, 08/19/94, 10/05/94, 11/16/94, 12/14/94, 04/12/95, 08/09/95, 10/11/95, 11/08/95, 02/07/96, 08/07/96, 04/09/97, 04/28/97, 05/19/97, 12/03/97, 02/04/98, 04/08/98, 05/18/98, 05/20/98, 03/04/99, 09/06/01, 10/23/02, 11/20/02, 05/21/03, 11/19/03, 11/17/04, 01/12/05, 07/06/05, 01/11/06, 07/12/06, 01/10/07
- Medical Associates, 05/04/94
- Ph.D., 10/26/98, 10/29/98

- M.D., 02/21/07
- M.D., 03/16/07

Medical records from the Requestor include:

- TIRR, 07/06/05, 01/11/06, 07/12/06, 01/10/07

Medical records from Prosthetic & Orthotics include:

- 04/09/07
- M.D., 01/10/07, 03/22/07

Medical records from URA include:

- 03/09/07, 01/10/07

PATIENT CLINICAL HISTORY:

The patient is a male with a history of a right below knee amputation. The patient had a history of chronic pain in the residual limb, but has been using a prosthetic device over the years. According to a letter by Dr. who has been following his condition, the patient also has a history of diabetes and reportedly his socket is too tight and uncomfortable to wear with his existing prosthesis. It was also reported that the existing prosthesis is approximately three years old and it is felt in order to help prevent skin breakdown that a new prosthesis is required. It is also reported that the patient has been gradually gaining weight which is also causing the socket discomfort. It was also reported that the patient wears the prosthetic device approximately eight to ten hours a day to maintain his functional independence.

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

The request for the new prosthetic device is not medically reasonable and necessary. The patient's existing prosthesis is only three years old, which is not considered to be an old prosthetic device. There is no indication as to why the patient's socket cannot be adjusted without having to change to a whole new prosthesis. Also, just because a new prosthetic device is constructed at this point, the patient may have future weight problems as well as socket fitting problems, and a new prosthetic device will not necessarily provide the comfortable fit that is being requested. There is also mention of the patient not being proactive/compliant in following a proper diet and exercise program for his weight control. Due to these issues, the requested prosthetic device is not medically reasonable or necessary.

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)**

  Braddom, Physical Medicine and Rehabilitation, Second Edition, Chapter 14, Lower Limb Prostheses