

DATE OF REVIEW:

06/27/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Request for a Don Joy O/A adjuster knee brace right knee, add soft interface to above knee, add soft interface to below knee, and Don Joy Adjustable Hinge.

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

Board Certified

REVIEW OUTCOME

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

Upheld (Agree)

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.

The requested right knee adjuster knee brace with soft interface above and below the knee and adjustable hinge is not medically reasonable or necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 06/18/07
- MCMC Referral dated 06/18/07
- DWC: Notice to MCMC, LLC of Case Assignment
- DWC: Notice to Utilization Review Agent of Assignment dated 06/15/07 from
- Form For Requesting A Review By An Independent Review Organization (undated)
- LHL009: Request For a Review By An Independent Review Organization dated 06/11/07
- Letter dated 06/08/07 from, M.D.
- M.D.: Letter dated 06/01/07
- Letter dated 05/23/07 from, M.D.
- Prescription Letter of Medical Necessity dated 05/18/07
- Fax cover sheet with note dated 05/18/07
- M.D.: Office note dated 05/15/07
- M.D.: Prescription dated 05/15/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who has history of chronic right knee pain with osteoarthritis and previous arthroscopy involving a meniscectomy in xx/xx/xx. Per clinic note on 5/15/07, there was positive grind, positive lateral facet tenderness, positive joint line tenderness, range of motion 0-130

degrees, pain with hyperflexion, and otherwise physical exam was unremarkable. Per clinic note on 05/15/2007, right knee x-rays reportedly revealed medial joint space narrowing, mild Fairbanks changes in the medial compartment, and slight lateral patella tilt. There is no indication as to why the knee brace is required. It is also not clear whether the injured individual has been proactive/compliant or not in doing her own home exercise program daily for long term maintenance and conditioning.

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

There is no indication as to why the knee brace is required. Also, knee bracing is unproven in providing significant long-term functional improvement or the prevention of injury. Rather, the injured individual should be proactive/compliant in doing her own home exercise program daily for long term maintenance and conditioning. As a result, the requested right knee adjuster knee brace with soft interface above and below the knee and adjustable hinge will not be of much added benefit, and is not medically reasonable or necessary.

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

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
ODG guidelines regarding knee bracing/walking aids, "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability...There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living...braces are not necessarily recommended for prevention of injury."