CompPartners

IRO REPORT

DATE OF REVIEW: 05/07/07

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVIDES IN DISPUTE

Determine the appropriateness of the previously denied request for a Microprocessor Controlled Prosthetic Knee Joint Endolite Adaptive knee with Ischial Containment Socket Compatible.

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

American Board for Certification in Orthotics and Prosthetics.

REVIEW OUTCOME

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

X Upheld (Agree)

□ Overturned (Disagree)

□ Partially Overturned (Agree in part/Disagree in part)

The previously denied request for

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Request for Review by an Independent Review Organization
- letters of denial.
- Medical Review.
- Health plan language.
- Internal health plan communications.
- Prosthetics, letters of medical necessity.
- PAVET (Patient Assessment Validation Evaluation Test).

- Prosthetics prescription for microprocessor C-leg.
- HCPCS Codes
- Explanation of benefits.
- Clinical Management Program.
- Medical review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:
Gender: Male
Date of Injury: N/A
Mechanism of Injury: Motor vehicle accident.

Diagnosis: Above right knee amputation.

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

The patient is a male with a right above-the-knee (AK) amputation, status post motor vehicle trauma. He has had his current AK prosthesis for three years, and the knee unit as well as the foot are said to need replacing. The prosthetic company, prosthetics, has recommended replacement of the entire system with an Otto-Bock C-leg, a microprocessor controlled prosthetic device.

This patient does need replacement of the prosthesis; replacement at 3-5 years is the standard schedule. He does not, however, require a C-leg Adaptive Knee to be a functional ambulatory.

There was no information listed in the documentation provided that the patient is at risk for falls or has fallen. His stable recovery thus far indicates that he has adapted well to his prosthesis, is not falling, and can be expected to do well on a replacement of his existing prosthesis. Therefore, justification for the requested prosthesis is lacking.

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 CHRIOPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

□ TEXAS TACADA GUIDELINES.

□ TMF SCREENING CRITERIA MANUAL.

□ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Gailey Robert, PhD, PT. "Predictive Outcome Measures Versus Functional Outcome Measures in the Lower Limb Amputee" JPO 2006 Vol. 18, Num. 1S pp.51-60.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.