

Notice of Independent Review Decision
November 27, 2007

DATE OF REVIEW: 11/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of Axiom Sport Brace w/patella guard.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree) A sport brace is not medically necessary in this case.

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. URA letters of denial 10/17/07 & 11/13/2007, criteria utilized in the denial – ODG, correspondence 11/02, 11/03, 11/22/07 and peer review report 10/22/07
3. Initial evaluation and reports 01/31, 02/02, 10/27, 11/01/2006 and office visits 04/20 & 05/10/2006
4. Physician's S.O.A.P. notes 01/15 – 11/01/07 (8 visits)
5. Orthopedic notes 11/20 – 12/27/06
6. Orthopedic notes & op report 01/04 – 10/16/07 (11 visits)
7. H&P and treatment notes 02/01/06 – 01/05/07 (11 visits)
8. Lab reports 11/23/04, 02/12/05 & 05/25/06
9. Radiology reports 02/01/06 – 01/24/07 (5)
10. Physical therapy documentation 11/22/04 – 12/29/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old gentleman suffered an injury on xx/xx/xx when he was kicked in the right knee. This was a direct blow injury. The individual had previous left knee injuries and surgery with multiple symptoms and multiple evaluations. On 11/10/06 the patient underwent arthroscopy where a medial meniscus tear was diagnosed and chondromalacia of the medial femoral condyle and medial tibial plateau. Subsequent to the arthroscopy, symptoms persisted and actually worsened. There were multiple MRI scans performed. On 09/28/07 the patient underwent another arthroscopic procedure. At this time a partial medial and lateral meniscectomy was performed along with chondroplasty and lateral retinacular release for traumatic chondromalacia of the patella. Subsequently, a request for a patella stabilization knee brace was submitted and has been denied on two occasions.

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

At the present time there are no physical findings that would satisfy the criteria established in the ODG Knee Chapter for the application of a knee brace. Actual instability has not been demonstrated, and there are no imaging studies to suggest subluxation of the patella, which might be affected by a patella stabilizing knee brace. Currently the physical findings necessary to justify the application of such equipment are not present.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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, Knee Chapter, Procedure Summary, knee brace
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)