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DATE OF REVIEW: 10-18-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Custom molded longitudinal / metatarsal arch support

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

Certified by The American Board of Orthopedic Surgery

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	717.9	E1399	1	Upheld

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Determination dated 08-15-07 & 09-19-07
Physician prescription for semi rigid orthotic dated 08-01-07
Pre-authorization request dated 08-13-07
Physician progress notes dated 03-28-07, 05-16-07, 06-20-07, 08-01-07,
08-23-07, 09-06-07, 09-18-07
Telephone consultation 09-18-07
Letter of Medical Necessity dated 09-07-07
Operative Note dated 07-09-07
No ODG Guidelines cited or provided

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a prescription for an orthotic from the treating physician. The physician progress notes indicate that the claimant was having no further instability of the knee. A pre-certification request for a custom molded longitudinal metatarsal arch support was noted and not certified.

It is noted that the claimant is a lady who sustained a knee. This knee injury was treated with arthroscopy and later, total knee arthroplasty (TKR). As the artificial joint wore out, this TKR was replaced. Subsequent to the second surgery physical therapy was provided noting a relatively full range of motion. On August 1, 2007 it was noted that the claimant was given a prescription for a semi rigid orthotic with no explanation as to why this was warranted. Subsequent notes indicate that the requesting provider felt this orthotic would cushion the impact while walking.

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

The Physician Reviewer agreed with the initial denial of the durable medical equipment. As noted in the Official Disability Guidelines TWC Ankle & Foot - Orthotic devices, such devices are under study for treating plantar heel pain. There is no literature presented that would support the use of these orthotics in the treatment of knee injuries where total knee arthroplasty was completed. The Reviewer noted the lack of literature to support this request. Therefore, there is no indication for this particular piece of the durable medical equipment.

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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)**