



Notice of Independent Review Decision

DATE OF REVIEW: 8/5/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a custom unloader brace.

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

A Texas licensed orthopedic surgeon.

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)

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 previously denied request for a custom unloader brace

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet/Note/Authorization Request dated 7/29/08, 7/28/08, 6/19/08, 4/16/08.
- Notice of Case Assignment dated 7/29/08.
- Notice of Assignment of Independent Review Organization dated 7/29/08.

- Independent Review Organization Request Form dated 7/28/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/28/08.
- Company Request for Independent Review Organization dated 7/25/08.
- Request for a Review by an Independent Review Organization dated 7/25/08.
- Determination Notification Letter dated 6/26/08, 4/21/08.
- Prescription Authorization Request dated 4/8/08.
- Authorization/Verification Form dated 4/8/08.
- Established Patient Office Visit Report dated 6/11/08, 6/14/06.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: Not provided.

Diagnosis: Status post chondroplasty and status post two series of Euflexxa to the left knee and arthritis of the knee.

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

The claimant is a female with the date of injury of xx/xx/xx. The mechanism of injury was not provided for review. The diagnosis was status post chondroplasty on April 21, 2005, and status post two series of Euflexxa, left knee. The claimant then had a custom unloader brace provided in 2006. The report by Dr. on June 11, 2008, indicated left knee pain. The physical exam indicated several months since the claimant was last seen and notes the left knee traumatic arthritis was worsening despite the young age. The claimant was having limitations, inability to perform most daily activities of living (ADL) comfortably. There was mild crepitus with range of motion (ROM) and trace effusion radiographically. No significant change with moderate loss of the medial and patellofemoral joint space. He noted, ultimately, the claimant would need knee replacement, but due to the young, an attempt to postpone was appropriate. A repeat series of Euflexxa injections as well as steroids was started on that date. He also recommended use unloader brace but had noted there was difficulty obtaining authorization. The rationale for non-certification of a custom unloader brace is the medical records provided for review do not support the need for a custom unloader brace in line with ODG recommendations which states, “Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:

1. Abnormal limb contour, such as:
 - a. Valgus [knock-kneed] limb
 - b. Varus [bow-legged] limb
 - c. Tibial varum
 - d. Disproportionate thigh and calf (e.g., large thigh and small calf)
 - e. Minimal muscle mass on which to suspend a brace

2. Skin changes, such as:
 - a. Excessive redundant soft skin
 - b. Thin skin with risk of breakdown (e.g., chronic steroid use)
3. Severe osteoarthritis (grade III or IV)
4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)
5. Severe instability as noted on physical examination of knee” None of these conditions were documented and thus a custom fabricated knee brace is not required.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

The Official Disability Guidelines, Treatment Index, 6th Edition (web), 2008, Knee-Brace.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).