SIRO

Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of outpatient (PSSD) pressure specified sensory device testing related to the left ankle and knee.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a board certified Orthopedic Surgeon who has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient (PSSD) pressure specified sensory device testing related to the left ankle and knee.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
D.O., P.A.
Center-, MD

These records consist of the following (duplicate records are only listed from one source): Records received: Electrodiagnostic Study-1/3/08; Imaging Center MRI prescription; Bone & Joint prescription for Celebrex-2/7/08; DO notes-11/20/07; Sports Medicine knee evaluation-12/3/07 & 8/22/07, Knee Rehab notes & superbill-12/3/07-8/22/07, Physical therapy follow-up or

Discharge report-9/24/07; Health System outpatient department records-10/18/07, 8/8/07 & 5/30/07, Radiology report-10/18/07, 8/8/07, 7/17/07 & 5/30/07, Operative Report-7/19/07; DO, PA outpatient request for MRI-10/15/07; notes/reports-7/18/07-6/5/07 & Prescription for knee brace-6/5/07; and various TWCC73s & DWC73s.
Records received from: denial letters-1/4/08 & 1/15/08, Denial letters to patient-1/4/08 & 1/15/08; Bone & Joint prescription for PSSD test, WC visit authorization form-11/16/07, and preauthorization request for PSSD test.
Records received from Clinic- D.O., P.A.: Clinic notes-10/26/07-5/25/07; Home Health Certification and plan of care-8/3/07; notes/reports-6/19/07-9/4/07; MRI report-5/30/07; denial letters-
10/11/07, 12/10/07, 2/20/08, & 2/15/08, Adverse determination letters-1/3/08, 1/14/08, & 2/14/08; Authorization intent letter-10/10/07, Intent to issue an adverse determination letter-10/4/07, and Notice of Utilization review findings-6/14/07.
Records received from Center- MD: Center notes/reports-2/28/08-11/16/07.

A copy of the ODG was not provided for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a xx year old female who injured her left knee and ankle when she fell while throwing out trash at work xx/xx/xx. She sustained left ankle sprain, left tibial plateau fracture, left knee torn medial and lateral meniscus injury. Now she complains of persistent left knee and ankle pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The reviewer is unable to cite the ODG at this time because ODG does not address PSSD testing. However, the American Academy of Neurology in 2005 rated PSSD and other qualitative sensory tests as level " U" recommendation meaning that the data available are inadequate or conflicting and the value of the test is unproven. Therefore, the reviewer indicates that this service cannot be approved at this time.

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)** Shy M, Frohman M, So Y, et al. Quantitative sensory testing: Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology 2003;60:898-904
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**