

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

**DATE OF REVIEW: NOVEMBER 18, 2008**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right lower extremity prosthesis - microcompressor - controlled prosthetic knee joint C-leg with Hanger Comfort Flex socket and compatible foot

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management

## **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 reviewer finds that medical necessity does not exist for Right lower extremity prosthesis - microcompressor - controlled prosthetic knee joint C-leg with Hanger Comfort Flex socket and compatible foot.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 10/16/08, 10/27/08  
Prosthetics, 8/15/08, 4/14/08, 10/20/08, 5/2/08, 5/23/08, 8/14/08, 10/20/08  
MD, 5/21/08  
MD, 9/24/04  
7/8/99  
Various Journal Articles  
ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a man who apparently sustained a traumatic short transfemoral amputation in 1993 as a result of a motor vehicle accident. He has been using prostheses since then . His current prosthesis needs replacement.

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

This man has been using a prosthesis for several years. The PAVET testing shows that he is qualified to utilize the microprocessor prosthesis, but the question in this review is as to medical necessity. From the PAVET testing, it would appear the main advantage for this man is the ability to have a variable cadence and jogging. Most of the material provided was related to the PAVET testing and Hangar reports, but there were also reports from HHS and an article discussing its benefits. While there appears to be no question as to its benefit, the issue in this review is whether or not there is medical necessity. This man has been functioning with a more traditional prosthesis. Dr. wrote that he recommended the microprocessor leg (C-leg) for problems with medical instability, (falling) and low back pain. There was no information in the medical records describing these falls. Again, the main indication from the testing provided suggests it would provide improved cadence and running.

The ODG justifies the need for a prosthesis. It also remains equivocal on the role of the microprocessor. However, there was no documentation provided in this patient's medical records of problems with the current prosthesis. There was no information provided as to why this man needed the microprocessor for jogging or variable cadence at work or during his non-vocational activities. Therefore, the reviewer finds that medical necessity does not exist for Right lower extremity prosthesis - microcompressor - controlled prosthetic knee joint C-leg with Hanger Comfort Flex socket and compatible foot.

#### Prostheses (artificial limb)

Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also [Microprocessor-controlled knee prostheses](#).

Criteria for the use of prostheses:

A lower limb prosthesis may be considered medically necessary when:

1. The patient will reach or maintain a defined functional state within a reasonable period of time;
2. The patient is motivated to ambulate; and
3. The prosthesis is furnished incident to a physician's services or on a physician's order.

Prosthetic knees are considered for medical necessity based upon functional classification, as follows:

- a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence) or above.
- b) Other knee systems may be considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence) or above. ([BlueCross BlueShield, 2004](#))

#### Microprocessor-controlled knee prostheses

Under study. There are over 100 different prosthetic knee designs currently available. The choice of the most appropriate design depends on the patient's underlying activity level. Most recently microprocessor-controlled prosthetic knees have become available. These devices are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds. There are minimal published data on microprocessor-controlled knee prostheses. The data are inadequate to both define the improvement in health outcomes related to the increased sophistication of these prostheses and to suggest which patients may benefit from them. ([BlueCross BlueShield, 2005](#)) See also [Prostheses](#) (artificial limb

**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)