



Notice of Independent Review Decision

DATE OF REVIEW: 9/15/08

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a UCBL Brace for the right foot (prescribed 6/24/08).

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

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 UCBL Brace for the right foot (prescribed 6/24/08).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Authorization Request Letter dated 9/10/08.
- Fax Cover Sheet dated 9/5/08.
- Notice . of case Assignment Sheet dated 9/5/08.
- Confirmation of Receipt of a Request for a review by an Independent Review Organization (IRO) dated 9/4/08.
- Request for a Review by an Independent Review Organization dated 9/3/08.
- Treatment/Services Requested Letter dated 8/19/08, 7/7/08.
- Progress Note dated 6/24/08.
- Computerized Tomography of Left Ankle Report dated 6/12/08.
- SOAP Note dated 4/4/07, 2/6/07, 11/22/06, 9/7/06, 8/22/06, 8/4/06.
- Operative Report dated
- Consultation Note dated
- Imaging Services Report dated 7/20/06.
- Integrated Treatment/Disability Duration Guidelines (unspecified date).
- Provider Contact Information Sheet (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury:

Mechanism of Injury: Fell 40 feet, landing on both feet.

Diagnosis: Acetabular fracture, a left tibial fracture, right ankle fracture and bilateral calcaneal fractures.

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

The claimant is a -year-old male who fell 40 feet and sustained an acetabular fracture, a left tibial fracture, right ankle fracture and bilateral calcaneal fractures. On , the claimant had surgery: an intramedullary nailing of the left tibia, debridement of the open left tibia, and application of a spanning fixator on the

right ankle. On 01/23/07, the claimant had hardware removed. In a 06/10/08 office note, Dr. stated it was two years after a calcaneus and pilon fracture, the claimant stated the pain was getting worse. A CT showed subtalar arthrosis and spurring, according to Dr. . He felt that the only way to control the pain non-operatively was with a UCBL brace. The requested UCBL brace is not medically necessary based on review of this medical record. While this claimant appears to continue to complain of hindfoot pain and Dr. described tenderness, there was no documentation of limited motion or painful motion. Plus, there was no documentation that a lesser brace such as an over-the-counter Rocket sock or Ace-wrap sleeve had been tried. It would appear prudent to start with lesser bracing first to see whether or not that works prior to proceeding with a more custom-made larger brace. Therefore, based on review of this medical record and the lack of documentation that lesser bracing was used, then this requested brace is not medically appropriate at this time. Regarding foot and ankle bracing, the ODG states, Bracing is "Not recommended in the absence of a clearly unstable joint."

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.
- 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).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

AAOS Orthopaedic Knowledge Update 9, chapter 41; page 511