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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 18, 2009 AMENDED 1/5/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right BK replacement (L5301, L5673, L5979, L5620, L5910, L8420, L5629, L5940, L8470, L5637, L5671)

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (10/21/09, 11/18/09)

Worker's Comp Services

- Office Notes (11/03/09)

M.D.

- Office Notes (03/06/08 – 11/12/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was coming down a ladder when he lost his footing and fell, fracturing his right ankle. The incident occurred on xx/xx/xx.

2007: No records are available.

2008: From March through November, the patient was evaluated by, M.D.; RN; and, RN, for left leg pain, right leg pain and swelling, left knee pain, and bilateral hands and wrist pain. Pain level was 8/10. History was significant for right below knee amputation (BKA). Review of systems was positive for headaches, arthralgia, finger pain, knee pain, myalgias, shoulder pain, depression, anxious feeling, and neurological symptoms and problems. The patient was diagnosed with bilateral upper extremity pain, arthritis exacerbated by injury, left knee pain exacerbated by injury, depression, anxiety, insomnia, and erectile dysfunction (ED). He was referred to a psychologist, an orthopedic surgeon, and counselor for IPT. The following medications were prescribed: Xanax, Norco, meloxicam, Cialis, and Elavil. He was fitted with a prosthetic in his right leg and developed leg pain and swelling. He also complained of urine incontinence and sexual impotence. The right leg showed 1-cm area of erythema and redness. He was placed on Viagra and Septra.

In August, he was prescribed Lyrica and a new manual wheelchair and was advised to undergo evaluation of new prosthesis for proper fit. In September, the patient reported that he went to the emergency room (ER) for staphylococcus infection of left forearm and right leg and was treated with Biaxin. Dr. prescribed Norco, Bactrim DS, and Ambien. The patient had obtained a lawyer as Workers' Compensation would not pay for the new chair.

2009: In January, the patient reported that his condition was getting worse. He described continued aching, burning, sharp and shooting pain in the right knee. Additional PT had been non-authorized. Dr. recommended use of a hinged left knee brace, continuing PT, and referral to psychologist Dr. and to a pain management specialist.

From March through September, Mr. treated the patient with medications for aching and shooting pain in the bilateral wrists and right knee.

In September, the patient complained of shoulder pain rated as 7/10, bilateral knee pain, and acute knee injury. He had a sore knee with pus oozing out of it. He had diarrhea for two weeks and was very depressed. He ambulated with a walker and requested a new prosthetic leg. Exam showed bilateral wrist pain with limited ROM. Small abscesses were seen in the arms and behind the left knee. Dr. recommended refitting him with a knee brace or issuing a new one and referral to a pain management specialist to decrease the number of pain pills.

In a utilization review on October 21, 2009, , M.D., noted the following treatment history: *The patient was evaluated by, M.D., who diagnosed fracture of the right ankle. The patient underwent right ankle/foot surgery on August 30, 2007, and developed postoperative infection and ultimately underwent amputation of the right ankle. Subsequently, the patient had revision right below the knee amputation (BKA).* Dr. denied the request for right BK replacement with the following rationale: *"The patient sustained an injury dated August 30, 2007, due to fall. The patient apparently underwent BKA and revision of the amputation. A request was made for replacement of the prosthesis. Based on the submitted*

clinical information, the complete physical examination of the patient regarding gait analysis using the previous prosthesis was not presented for review. There was no rationale regarding the replacement of the prosthesis as regards to malfitting or malfunctioning prosthesis. The documentations of failure of conservative management done to the patient including physical therapy progress notes was not provided for review. The necessity of the request was not established.”

On November 3, 2009, , N.P., on behalf of Dr. issued a letter of medical necessity stating the following: *The patient is a male with a right transtibial amputation. He is an active prosthetic user and in need of a new prosthesis due to natural anatomical changes of his residual limb and the wear of prosthetic components. His prosthetic clinical notes indicates that he started in 0-3 ply sock fit in his current prosthesis in November 2008. His most current prosthetic clinical notes indicate that he is utilizing 23 ply of prosthetic socks. A 20 ply socks change is drastic and constitutes a socket change as soon as possible. The supplies, including gel liners and sleeves, that protects his limb and aid in suspension of the prosthesis are also worn to the point of barely functioning. If these parts fail, the patient will be susceptible to falls and bodily injury. Because of the aforementioned situations, it is medically necessary at this time to replace his prosthesis so that it fits properly and functions in a safe manner.*

On November 12, 2009, RN, evaluated the patient for bilateral acute knee injury. The patient reported frequent urinary tract infection (UTI) problems and requested a referral to Dr.. Examination revealed a small light red/scaly area to the end of right stump. The patient was fitted with a left knee brace and was referred to a pain management specialist to decrease the number of pain pills he was taking. He had a history of Tylenol intake and alcohol consumption in the past. Bactrim, Celexa, Norco, Lyrica, Cialis, Celebrex, and Ambien were refilled.

On November 18, 2009, , D.O., denied an appeal for the right BK replacement with the following rationale: *“The medical records submitted for review does not provide information as to the medical necessity of the request. The prosthetic clinical findings were noted, along with the wear of its component. However, the condition of the affected stump was not evaluated along with the patient’s gait when using the prosthesis. Mr. states the patient has to use an inordinate number of socks in order for the socket to fit on the stump; however, as noted there has not been gait analysis done. He was not sure of the exact location of the amputation, but assumed it was mid tibial. There is not enough information to determine medical necessity for the request. Based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request for right BK replacement is non-certified.”*

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

ON 12/3/08, IT WAS NOTED THAT THE CLAIMANT HAD JUST RECEIVED A "NEW PROSTHETIC LEG" AND WAS AMBULATING WITH A WALKER. DESPITE ALL THE CLINIC NOTES AFTER 12/3/08 REFERENCING MULTIPLE PROBLEMS, RANGING FROM LEFT KNEE PAIN TO OVERUSE OF NARCOTICS TO MULTIPLE OTHER PROBLEMS RELATED TO HIS ORIGINAL INJURY, THERE IS NO NOTATION OF PROBLEMS FITTING THE BKA—SUCH AS EXCESSIVE STUMP SHRINKAGE OR NEED FOR MULTIPLE STUMP SOCKS. THEN ON 9/18/09, ONLY 9 MONTHS AFTER RECEIVING HIS PROSTHESIS, IT IS NOTED THAT "THE PATIENT STATES HE NEEDS A NEW PROSTHETIC LEG." THE PHYSICAL EXAM DID NOT REVEAL ANY EVIDENCE OF STUMP ABNORMALITY, THERE IS NO DOCUMENTATION THAT THE FIT OF THE BRACE WAS EVALUATED CLINICALLY, AND THERE IS NO MENTION IN THE TREATMENT PLAN FOR REPLACING THE PROSTHESIS. THERE IS NO REASONABLE MEDICAL EXPLANATION PRESENTED IN THE DOCUMENTATION FOR A PROSTHESIS THAT IS ONLY 9 MONTHS OLD TO BE SO WORN AS TO NEED REPLACEMENT. THERE IS NO CLINICAL INDICATION OF STUMP FITTING PROBLEMS DOCUMENTED BY THE PHYSICIAN. AS SUCH, THE DECISIONS OF THE PREVIOUS PEER REVIEWERS APPEAR TO BE ACCURATE AND IN ACCORDANCE WITH ODG CRITERIA.

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

- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**