



REVIEWER'S REPORT

DATE OF REVIEW: 12/09/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right leg below-knee prosthesis and associated prosthetic supplies, codes L5629, L5637, L5645, L5910, L5940, L8420 times six, L8470 times twelve, L6632 times two, L5981, L5986, L5647, L5671, L5673 times two, L5985

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering crush injury of the lower extremity and amputation

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI forms
3. Denial letters, 10/13/09 and 11/10/09
4. URA records
5. Utilization review referral
6. Appeal letter, 10/12/09
7. Fax transmission cover sheet, 10/22/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a worker who suffered a crush injury to the lower extremity on the right side when a piece of pipe rolled off of a truck, crushing his right leg and foot. The date of injury was xx/xx/xx. An initial debridement was accomplished, and an external fixator

applied to the right leg. A below-knee amputation was accomplished on 12/30/08. It appears that the patient was provided with a temporary training prosthesis in March 2009 and has now requested a permanent prosthesis.

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

It would appear that the patient received his training temporary prosthesis in March 2009. He is now ready for a permanent prosthesis. He may well require additional prosthesis as he intends to return to work. He may require heavy duty type prosthesis for work and lighter weight prosthesis for routine wear.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)