

SENT VIA EMAIL OR FAX ON  
Dec/21/2009

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/21/2009

**IRO CASE #:**

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

DME Custom ACL Brace

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

Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

OR note, 12/ 2004, 02/03/09

Office notes, Dr., 07/15/09, 08/26/09, 09/02/09, 09/10/09, 09/17/09, 09/24/09

Letter, Dr., 10/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx male claimant who reportedly underwent a right knee arthroscopy, partial lateral meniscectomy and anterior/ posterior / lateral ligament reconstruction in 2004. The claimant was later diagnosed with chronic posterolateral corner instability and underwent a right posterolateral corner reconstruction and chondroplasty of the patellofemoral joint and femoral condyle in February 2009. Physician records of 09/17/09 noted the claimant fitted for a new knee brace due to the other one being loose. A new custom ACL brace to help stability and function of the knee was requested.

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

The medical records reflect that this xx- male has previously been treated for complex

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ligamentous injuries of the anterior cruciate ligament and posterior cruciate ligament and posterior lateral corner. He has been wearing a custom orthosis for his anterior cruciate ligament that now from the notation of Dr. on 10/13/09, is not functioning properly. It has become loose. Based upon this documentation, custom knee orthosis is medically indicated and appropriate in the severity of injury and the previous usage of such a brace.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Knee and Leg :  
Knee brace

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

ACOEM-AMERICA 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)

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