



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 2-27-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L1845 Fusion Ko with adj flex/ext rotat cus; L2770 Low ext orthosis per bag/jnt; L2780 Non-corrosive finish

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 6-1-07 MD., performed an Independent Medical Evaluation.
- 6-24-07 Surgery performed by MD.
- 1-16-08 DC., office visit.
- 5-6-08 MD., performed a Designated Doctor Evaluation.
- 11-6-08 DC., re-evaluation.
- 11-14-08 MD., Utilization Review.
- 11-26-08, DC., provided a rebuttal letter.
- 12-15-08 MD., Utilization Review

PATIENT CLINICAL HISTORY [SUMMARY]:

On 6-1-07, MD., performed an Independent Medical Evaluation. He noted the claimant sustained injury in a work-related accident on xx/xx/xx. He was working as an for a company when he fell from a 14-foot ladder going down the front of the ladder hitting his chin and teeth on the steps of the ladder, He sustained multiple injuries to multiple body parts. He broke his teeth and sustained small laceration in the lower lip. He claims injury to his neck, both elbows, both wrists both hands, both knees and his lower back. He also says he was knocked unconscious for a short period of time after the accident. He was taken to the Hospital and he was examined and the small laceration in the lower lip was closed with a few stitches and he had multiple x-rays of his hands and arms and was told that he had no broken bones. He was given some prescriptions for pain and muscle spasm and was released. It was the evaluator's opinion that the claimant appears to have received multiple injuries. However, these injuries have healed sufficiently to allow him to return to a restricted duty work with limitations. The evaluator noted the claimant does not have evidence of any type of surgical condition to his neck or back. He should be given a home exercise program. The evaluator did not feel the claimant needed the use of long-term medications. He felt the claimant should reach MMI within another month.

On 6-24-07, the claimant underwent right knee partial lateral meniscectomy, right knee partial synovectomy, right knee excision of plica and injection of lidocaine and marcaine. Surgery performed by MD.

On 1-16-08, Dr. evaluated the claimant and requested 12 postoperative physical therapy visits. The claimant underwent left knee lateral and medial meniscus repair on 12-20-07.

On 5-6-08, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 8% whole person impairment based on 4% whole person for range of motion loss for each knee. The evaluator awarded the claimant 0% impairment for the cervical spine and 0% for the lumbar spine, for a total of 8% whole person impairment.

On 11-6-08 DC., re-evaluated the claimant. It is noted the claimant is undergoing a highly structured work hardening program. He has completed 10 out of 20 sessions and has demonstrated good progression. The claimant reports he continues to experience instability in both knees. He is also demonstrating difficulty with floor to waist lifting exercises. On exam, the claimant's anterior and posterior drawer test was negative for instability when non-weight bearing. Apley's compression was positive on the left knee. Palpation of the left knee noted pain along the knee joint in the medial and lateral sides. The evaluator recommended the claimant continue in a work hardening program. The claimant's demand level for work is heavy PDL.

11-14-08 MD., Utilization Review - denial for the recommended brace. Non-certification provided. The reviewer reported that the physician was adamant that the brace was necessary to control the claimant's pain, yet he could not identify the source of pain. The requestor could not produce evidence-based literature to refute the ODG criteria.

On 11-26-08, DC., provided a rebuttal letter regarding the denial for the requested knee brace. He noted that the lateral wedge unloading braces will not only reduce knee pain and increase productivity to progress within the work hardening program that he is currently undergoing, but it will decrease the consumption of the use of oral medications and possible prevention of further surgical options.

12-15-08 MD., Utilization Review - Non-certification. The reviewer reported that there was no evidence of instability. The claimant underwent previous meniscectomies. There was no justification for a prefabricated knee brace at this juncture.

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

BASED ON THE MEDICAL RECORDS PROVIDED, THERE IS NO INDICATION IN THIS CASE THAT THE CLAIMANT HAS KNEE INSTABILITY TO JUSTIFY THE NECESSITY OF A SPECIALTY FABRICATED KNEE BRACE. THIS CLAIMANT DOES NOT MEET THE NECESSARY CRITERIA PER ODG GUIDELINES OF KNEE INSTABILITY, LIGAMENT INSUFFICIENCY, RECONSTRUCTED LIGAMENT, ARTICULAR DEFECT REPAIR, AVASCULAR NECROSIS, MENISCAL CARTILAGE REPAIR, PAINFUL FAILED TOTAL KNEE ARTHROPLASTY, PAINFUL HIGH TIBIAL OSTEOTOMY, PAINFUL UNICOMPARTMENTAL OSTEOARTHRITIS OR TIBIAL PLATEAU FRACTURE. BASED ON THE DOCUMENTATION PROVIDED, THERE IS NOT SUFFICIENT EVIDENCE TO SUPPORT THE REQUESTED PRE-FABRICATED CUSTOM KNEE BRACE.

ODG-TWC, last update 2-18-09 Occupational Disorders of the Knee and leg - Knee Braces:

There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. (Bengal, 1997) (Crossley, 2001) (D'hondt-Cochrane, 2002) (Miller, 1997) (Yeung-Cochrane, 2002) (Van Tiggelen, 2004) There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. (BlueCross BlueShield, 2004) The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. (Wright, 2007) Among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. (Zhang, 2008) Patellar taping, and possibly patellar bracing, relieves chronic knee pain, according to a recent meta-analysis. Patellar taping may be preferred over bracing due to the fact that there is much more evidence for taping than bracing, and also because taping produces better clinical results in terms of reductions in pain than patellar bracing, plus patients are more active in their rehabilitation with taping than with bracing. (Warden, 2008)

Criteria for the use of knee braces:

Prefabricated knee braces may be appropriate in patients with one of the following conditions:

1. Knee instability
2. Ligament insufficiency/deficiency
3. Reconstructed ligament
4. Articular defect repair
5. Avascular necrosis
6. Meniscal cartilage repair
7. Painful failed total knee arthroplasty
8. Painful high tibial osteotomy
9. Painful unicompartmental osteoarthritis

10. Tibial plateau fracture

Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:

1. Abnormal limb contour, such as:
 - a. Valgus [knock-kneed] limb
 - b. Varus [bow-legged] limb
 - c. Tibial varum
 - d. Disproportionate thigh and calf (e.g., large thigh and small calf)
 - e. Minimal muscle mass on which to suspend a brace
2. Skin changes, such as:
 - a. Excessive redundant soft skin
 - b. Thin skin with risk of breakdown (e.g., chronic steroid use)
3. Severe osteoarthritis (grade III or IV)
4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)
5. Severe instability as noted on physical examination of knee

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)