

SENT VIA EMAIL OR FAX ON
Oct/13/2009

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ultimate Dynamic Brace (Knee Brace)

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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
Denial Letters 9/4/09 and 8/7/09
Accident & Injury 7/13/09 thru 9/27/09
Medical Solutions 8/5/09
MRI 4/23/09
OP Report 6/26/09
Dr. 5/21/09 thru 9/17/09
FCE 9/1/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee was working in a warehouse when he stepped up on a forklift and injured his left knee. The injured employee underwent an MRI and eventually surgery to the left knee for a partial medial meniscus tear, medial femoral chondral fracture, and chondral fracture of the patella. The injured employee underwent post-operative therapy, Aquatic and Active, and work hardening. The injured employee was prescribed and currently has a hinge brace for the knee. Dr. orthopedic surgeon does not report ligamentous instability or any functional deficits. Dr. does recommend an unloader brace to protect the medial meniscus. An unloader brace is quite different from the Ultimate Dynamic Knee brace. This device (Ultimate Dynamic knee brace) is indicated for increased support of knees following injury to or reconstruction of the anterior cruciate ligament or posterior cruciate ligament.

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

The injured worker does not meet the criteria for an Ultimate Dynamic knee brace, Class IV Brace (Highest class rating), since this device is indicated for increased support of knees following injury to or reconstruction of the anterior cruciate ligament or posterior cruciate ligament. The injured worker does not appear to have an injury to the anterior cruciate ligament or posterior cruciate ligament. Additionally, the injured worker currently has a Gripper Hinged Brace several months ago after his surgery. The orthopedic surgeon, Dr. does not report ligamentous instability or any functional deficits. Dr. does recommend an Unloader Brace, which is designed to reduce the forces in the medial or lateral component of the knee.

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. However, the injured employee had recently received a Gripper Hinged Brace and Dr. has apparently recommended an Unloader Brace, which appears to be consistent with the injury and surgery performed.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
SEE ABOVE