

SENT VIA EMAIL OR FAX ON
Sep/21/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Purchase of Prosthetic Limb with a Narrow Mediolateral Suction Socket, 9-Seal In Liner, C-Leg, Rotator and an Action Foot

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 8/26/09 and 8/17/09
8/5/09 and 9/24/08
Institute for Rehab and Research 8/5/09
Brace and Limb 8/12/09 thru 8/19/09
Dr. 10/17/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man who sustained a left AKA after a work injury in xx/xx/xx. He was had post op pain, depressions and anxiety. He works at a sedentary job. The prior prosthesis had problems with fit, caused some pain that required opiates, caused fatigue and limited his

stamina. He also reportedly had more depression. The prior prosthesis had been used for 2 years, and still had anticipated functional life. Dr. described better-fit and less pain with the newer prosthesis. He had prior neuroma surgery. He uses less pain medications. He no longer needed a cane. He did not have to concentrate when he walked. He was now working 60 hours a week with the prosthesis. Dr. wrote that "he would very much like to use the C-leg for daily wear and feels that if he had the C-leg, he would be able to maintain his physical endurance..." Dr. also commented that this man lived and had avocational activities about water that this C leg prosthesis could accept.

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

The ODG addresses the appropriateness for a prosthesis. This man met those criteria with the older prosthesis. The issue is whether he needs or wants the newer one. This man had problems with his prior suspension compounded by the pain and neuroma and the scars. Dr. 's note from September 2008 compared to her note of August 2009 describes someone with better psychological use, less pain, more independence and more strength. Although these are not specifically addressed as criteria in the ODG, they need to be considered on an individual basis. The descriptions by Dr. , Dr. and Mr. shows someone who has an improved outlook and quality of life with the C leg. If we were simply looking at the least expensive prosthesis, then a pirate's peg leg would do. The Reviewer has a concern that this replaces a prosthesis that has not been worn out. Otherwise, the C leg is appropriate for him.

Prostheses (artificial limb)

Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also [Microprocessor-controlled knee prostheses](#).

Criteria for the use of prostheses:

A lower limb prosthesis may be considered medically necessary when:

1. The patient will reach or maintain a defined functional state within a reasonable period of time;
2. The patient is motivated to ambulate; and
3. The prosthesis is furnished incident to a physician's services or on a physician's order.

Prosthetic knees are considered for medical necessity based upon functional classification, as follows:

- a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence) or above.
- b) Other knee systems may be considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence) or above. ([BlueCross BlueShield, 2004](#))

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)