

I-Decisions Inc.

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NOTICE OF AMENDED INDEPENDENT REVIEW DECISION

DATE OF ORIGINAL REVIEW:

Sep/22/2009

DATE OF AMENDED REVIEW:

Sep/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME - Medial Unloader Brace, Custom Purchase

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

M.D., 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

ODG Guidelines and Treatment Guidelines

Peer review, Dr., 07/16/09

Peer review, Dr., 08/11/09

Office notes, Dr., 05/25/09, 07/15/09

Letter, Dr., 07/31/09

Office note, Dr., 09/01/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who slipped and fell in xx/xx. Dr. examined the claimant on xx/xx/xx. Examination revealed mild effusion to the left knee and normal range of motion. There was tenderness to palpation both lateral and medial joint line. Two views of the left knee showed acute changes, some medial compartment narrowing and degenerative joint disease. Dr. recommended Mobic and a knee brace. Dr. examined the claimant on 09/01/09. Examination revealed left knee range of motion from 0 to 130 degrees, stable locking and mild laxity to valgus stress on the left knee. There was tenderness. X-rays of the left knee showed complete obliteration on the medial compartment of her left knee with bone on bone arthritis and flattening of the medial femoral condyle. Dr. stated that the MRI showed significant bony edema of the medial femoral condyle and tibial plateau. Diagnosis was anterior cruciate

ligament deficient knee and severe varus arthritis. Dr. performed an injection and recommended physical therapy, medial unloader brace and heel wedge.

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

Based solely on review of the records provided and evidence-based medicine, the reviewer cannot recommend approving medical necessity of medial unloader brace, custom purchase. There is no indication in the records that the claimant has an unusual body habitus that would require custom bracing. The request does not meet the criteria as detailed in Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter knee, braces. The reviewer finds that medical necessity does not exist for DME - Medial Unloader Brace, Custom Purchase.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter knee, braces

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 varus
 - 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-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)