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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/16/2010
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Purchase of knee brace, knee brace condylar pads times two (2) and knee brace lower suspension

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Knee and Leg Chapter
Office note Dr. 06/18/10
Letter of medical necessity Dr. 06/23/10
, peer review 06/23/10
Metro DME supply, Letter of Reconsideration for brace 06/28/10
, peer review 07/06/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a work related injury to his left knee on xx/xx/xx while. An office note from Dr. on 06/18/10 indicated that the claimant complained of left knee aching and stiffness and rated his pain as 6/10. The pain increased with prolonged standing and walking and interfered with the claimant's exercise and activities of daily living. The note indicated that the claimant's medications reduced his pain to 3/10 and permitted him to exercise, sleep and be active. On examination the claimant's left knee was tender with crepitance and decreased range of motion. Dr. recommended a brace and that the claimant continue his current medications of Celebrex, Lyrica, and Elavil. He also recommended that the claimant continue with his current exercise and stretching. In his letter of medical necessity dated 06/23/10, Dr. stated that the claimant had had extensive evaluation and treatment of his left knee including an MRI and an arthroplasty of the left knee. In the peer review of 07/06/10, the reviewing physician indicated that the claimant underwent an arthroscopy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This request for purchase of knee brace, knee brace condylar pads times two (2) and knee brace lower suspension has been denied on two peer reviews, 06/23/10 and 07/06/10. The 06/23/10 peer review noted there was no evidence of knee instability, no evidence of ligament instability, and no documentation of sufficient rationale for purchase of brace. The peer review on 07/06/10 noted the claimant had previously had arthroscopy in the past. Dr. noted the claimant had previously had arthroplasty of the knee.

Based on review of the records provided, it is not clear that diagnostics, x-rays, or MRI confirm

the claimant's subjective complaints or physical examination findings. This reviewer agrees there is no evidence of motion segment instability and no documentation of weakness in the ligaments or musculature about the knee. The range of motion is not provided. Strength is not graded. Given the above issues and consistent with evidence-based medicine and ODG guidelines, this reviewer cannot recommend the purchase of knee brace, knee brace condylar pads times two (2) and knee brace lower suspension as medically necessary at this time.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)