

SENT VIA EMAIL OR FAX ON  
Dec/07/2010

## Applied Assessments LLC

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/07/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Continued Rental of Knee Scooter

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

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**

OD Guidelines

Operative Report: 10/07/10

Dr. OV: 10/20/10

Dr. Prescription for rolling knee scooter: 10/20/10

Peer Review: 11/04/10, 11/17/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a work related injury to his left ankle on xx/xx/xx when he fell on the floor and fractured his left ankle. He underwent an open reduction and internal fixation of his left ankle on 11/12/09 and then on 10/07/10 he underwent hardware removal with fibular exostectomy, ankle arthroscopy and debridement, loose body excision and lateral ligament reconstruction. When the claimant saw Dr. on 10/20/10 he was two weeks postoperative and had been in a nonweightbearing splint. He was converted to a removable cast boot and was to progress to weight bearing as tolerated and do gentle range of motion exercises. Dr. wrote a prescription for a knee scooter from 10/07/10 to 12/30/10. This was denied in two separate peer reviews. Dr. noncertified the rolling knee scooter in a Peer Review dated 11/04/10, as there was no medical indication. He noted that a 10/25/10 office noted indicated the claimant had a moderate gait, restricted range of motion and was to return to work with restrictions. Another Peer Review by Dr. on 11/17/10 also noncertified the knee scooter. In his report, Dr. indicted that a call from the physician's office on 11/17/10 alleged the claimant was allowed to bear weight and perform range of motion exercises. It was unclear why the claimant was unable to use crutches or a cane.

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

The claimant, on 10/20/10, was noted to be converted to a removable cast boot and progress to weight bearing as tolerated. A rolling knee scooter may be reasonable in the acute postoperative phase when a patient is restricted from weight bearing. This is simply another

way for patients to avoid weight bearing when they are unable to use crutches. However, when weightbearing is progressed to “as tolerated,” there would be no additional need to continue renting a scooter for non-weight bearing status.

Official Disability Guidelines Treatment in Worker’s Comp, 15th edition, 2010 Updates. Ankle and Foot: Rolling Knee Walker

**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)