

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
AFO Custom Brace left ankle

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

Official Disability Guidelines
Peer Reviews 10/26/10, 11/04/10
Ortho examination 08/18/10, 08/23/10
Dr. 09/08/10, 10/06/10, 10/20/10, 11/10/10
MD Rx 11/10/10
Patient Questionnaire 09/08/10
Authorization request 10/21/10, 10/28/10, 11/10/10
Fax 10/28/10, 11/10/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly sustained a left ankle inversion injury on xx/xx/xx after stepping off a forklift onto broken wood. The claimant was initially diagnosed with left ankle internal derangement and was treated conservatively with an ankle splint, crutches and sedentary work. A follow up physician record from 08/23/10 documented review of MRI findings to show an osteochondral lesion of the left talar dome. Continued conservative care was recommended. A 09/08/10 physician record revealed the claimant with persistent left ankle pain. Examination revealed mild swelling of the left ankle, tenderness of the left ankle joint and a non-antalgic gait. The 08/18/10 left ankle MRI was reviewed. The diagnostic impression was left acute work related inversion injury with apparent exacerbation of a left chronic osteochondral lesion of the medial talar dome. Treatment options were discussed. It was recommended that conservative treatment be maximized before considering surgical intervention. The claimant was fitted with a walking boot and a Medrol dose pack was prescribed. Follow up physician records of October 2010 noted the claimant with unchanged

symptoms. An ankle injection was given with reported significant but temporary relief. The claimant was advised weaning from the walking boot into an AFO custom brace once approved. A physician record dated 11/10/10 revealed the claimant weight-bearing in the walking boot with increased pain when he tried to wean out of the boot. The claimant reported feeling unsteady without the walking boot. Examination revealed what appeared to be some left ankle instability to drawer testing when compared to the contralateral side. The AFO brace was again recommended with indications that included persistent instability following an inversion injury as well as arthritic changes. The claimant was to remain on sedentary duty in the walking boot. A custom AFO brace for the left ankle was recommended.

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

The proposed ankle foot orthosis custom in nature would not be considered medically necessary based upon the records provided in this case.

The ODG Guidelines recommend an AFO as an option for foot drop. In general, ODG guidelines (orthotic devices for the ankle and foot) recommend a trial of a prefabricated orthosis in the acute phase. As there has been no trial of a prefabricated orthosis and no foot drop present, a custom AFO cannot be considered medically necessary in this case based upon the ODG guidelines. The reviewer finds that there is not medical necessity for AFO Custom Brace left ankle.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates: Ankle and Foot : Ankle foot orthosis (AFO)

Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used.

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)