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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MD, Board Certified Internal Medicine

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

Replace prosthesis, L5321, L5650, L5705, L5920, L5624, L5651, L5822, L5950, L5631, L5652, L5845, L5975, L5649, L5694, L5850, L5984

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

6/14/10, 6/24/10

Institute 6/7/10

M.D., 5/27/10, 11/24/08, 10/13/08, 9/9/08, 7/29/08, 7/9/10, 5/24/10

Hospital 1/21/02, 1/30/02, 1/23/02

M.D. 1/30/02

Letter to Dr. M.D. 3/10/02

PATIENT CLINICAL HISTORY SUMMARY

The patient has a left above knee amputation from an injury in xxxx. He has a prosthesis that provides significant function of the leg. The treating physician describes a prosthesis that has multiple problems including a broken valve at the socket interface, non-functioning knee hydraulic, and broken foot.

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

The patient's prosthesis as described is in poor condition despite repairs. This condition would reasonable expect to lead to decreased leg function. Based on this description, replacement of the prosthesis is indicated in order to return the claimant to his baseline functional level. The reviewer finds that medical necessity exists for Replace prosthesis, L5321, L5650, L5705, L5920, L5624, L5651, L5822, L5950, L5631, L5652, L5845, L5975,

L5649, L5694, L5850, L5984.

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)