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Notice of Independent Review Decision

DATE OF REVIEW: 7/9/10

IRO CASE #:

Description of the Service or Services In Dispute
purchase of shoes

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

Physician Board Certified in Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

| | |
|--|----------------------------------|
| Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| Partially Overturned | (Agree in part/Disagree in part) |

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 4/16/10
Letter 6/10/10, Dr.
Report 5/13/08, Dr.
Report 5/13/08, Dr.
Review 8/6/07, Dr.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xxx had a twisting injury to his left knee. In association with this low back pain developed, and this led to surgery on his lumbar spine, with the eventual complication from a spinal stimulator trial leading to partial paraplegia. He now requires a wheel chair but can walk short distances with help. He is employed and shoes are necessary for ambulation for activities of daily living. His right foot is larger than his left, and he needs two pair of shoes to get one pair of out of that. He has purchased 4 pairs of shoes to obtain 2 usable pairs for the current year and reimbursement has been denied.

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

I disagree with the denial of the two pair of shoes. The patient is ambulatory, can independently carry out activities of daily living, and the shoes are necessary. Because of his awkward gait, they wear out quickly so that 2 pair per year is reasonable under the guidelines. If the only known

option for the patient to obtain two usable pairs of shoes is to purchase four pairs then the purchase in dispute is medically necessary. As an alternative it may be possible to purchase custom mismatched shoes in pairs. For future reference: I contacted. Contact with this company, or some other orthopedic shoe company could be beneficial, as such a company can make a single pair of shoes that would fit the patient better and at less expense.

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)**