

SENT VIA EMAIL OR FAX ON
Nov/11/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient postoperative rental of JAS splint for an additional two months as related to the left knee

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

MRI left knee 01/16/96, 12/03/09, 08/23/10

Dr. report 04/22/97

X-ray report left knee 08/24/00, 06/16/09, 11/16/09, 07/09/10, 08/23/10

Dr. office notes 06/16/09, 09/21/09, 10/05/09, 11/16/09, 04/06/10, 05/10/10, 08/23/10, 10/04/10

Emergency room record 10/12/09

Lab reports 05/10/10
Operative report 05/19/10
Discharge summary 05/22/10
Peer review reports 10/12/10, 10/20/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work injury to the left knee on xx/xx/xx. He underwent arthroscopic surgery in 1995 and 1996 apparently consisting of lateral meniscectomy and chondroplasty. Records indicate that he did well until 2009 at which time he was treating with Dr. for left knee osteoarthritis. On 05/19/10 Dr. performed a left total knee arthroplasty.

At the 08/23/10 visit with Dr. the claimant was three months post op. He continued to have pain and stiffness of the left knee. Range of motion was 5 to 70 degrees with fairly firm endpoints. There was a small effusion. X-rays showed a well positioned total knee prosthesis with no evidence of loosening or subsidence. The physician recommended a JAS splint, which was apparently provided at some point following that visit.

The claimant followed up with Dr. on 10/04/10. He had been using the JAS splint. Range of motion was 5-80 degrees. The diagnosis was arthrofibrosis status post left total knee arthroplasty. Dr. recommended continued use of the JAS splint and planned follow up in three months. Continued use of the JAS splint was denied on peer review.

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

The proposed continued use of a JAS splint for the claimant's left knee would not be considered medically necessary and appropriate in this case. The claimant is status post left total knee arthroplasty and has had issues with knee stiffness. He is now six months out from surgery and has been using a JAS splint. The JAS splint has helped the claimant to gain an additional ten degrees of flexion. At this point six months out from surgery one would not expect a static progressive splint to help with meaningful gains in motion. The ODG Guidelines do not recommend the splints at all, as there are no prospective studies demonstrating that the addition of these devices improves outcomes. As the splint has not been helping the claimant make significant gains in motion and the ODG Guidelines do not support their use, the continued use of a JAS splint for the left knee is not medically necessary in this case.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Knee: Joint active systems (JAS) splints

Not recommended. There is insufficient evidence in the peer-reviewed published medical literature concerning the effectiveness of JAS splints. These devices (e.g., JAS Knee, Elbow, Shoulder, Ankle, Wrist and JAS Pronation-Supination) use static progressive stretch. Typically, the patient sets the device angle at the beginning of the session, and every several minutes the angle is increased. A typical session lasts 30 minutes, and sessions may be repeated up to three times per day. Unlike the flexionator, the joint is not allowed to recover during the stretch period. Published reports of the effectiveness of JAS splints are limited to case reports and small uncontrolled case series. There are no prospective studies demonstrating that the addition of these devices to physical therapy improves clinical outcomes. (Aetna, 2010

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)
