



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

Endoskeletal below knee prosthesis  
Test socket  
Total contact modification  
Modular alignable system  
Ultralight weight construction material  
Acrylic socket  
Suction socket  
2 socket inserts w/o lock mechanism  
multiaxial rotation unit  
shank foot system with vertical loading pylon  
2 below knee suspension/seal sleeves  
6 multi-ply below knee socks  
6 below knee single-ply socks

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering lower extremity amputations.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. SWFA forms and memos
2. TDI referral forms

3. Denial letters, 09/16/10, 10/04/10, 03/11/10, 03/03/10, 06/02/09, 10/12/07, and 09/17/07
4. Physician records
5. Prescription letter of necessity, multiple entries between 07/11/08 and 09/09/10
6. Fax cover, Prosthetics, 09/09/10 and 09/27/10
7. Utilization Review for socket inserts without locking mechanism, 04/08/10
8. Unimed UR review
9. Request for IRO, 03/17/10
10. Fax cover, Hanger to Dr., 02/25/10, 10/22/09, 05/20/09, 07/25/08
11. Utilization Review Component Request Reviews, 07/24/08 and 08/05/08
12. Fax cover, Prosthetics, 07/10/08 and 08/20/07
13. Clinical notes, 11/13/07, 08/28/07, 02/05/08
14. Prosthetics note, evaluation 08/20/07
15. Multiple photographs, poor quality
16. URA records
17. Letter from to Insurance, 09/09/10
18. evaluation, 09/09/10 and 09/27/10
19. Work in Progress Report, 09/08/10
20. Letter to Workers' Compensation Services, 09/27/10
21. Photographs, poor quality images

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The examinee is a male who suffered a traumatic amputation of his left lower extremity on xx/xx/xx. His mechanism of injury was a crushing, twisting injury suffered when a chain wrapped around his leg was suddenly pulled. He received a below-knee prosthesis in January 2006. This was replaced in February 2008 and a socket was replaced in July 2009. The current status of his prosthesis, based on an evaluation from the prosthetist at reveals that the socket is cracked in multiple planes, and the foot is delaminating. It is indicated that the prosthesis is damaged beyond repair. The request for replacement prosthesis has been considered and denied on at least two occasions based on the absence of a specific evaluation by the physician provider.

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

At the present time this amputee is being denied the use of a suitable below-knee amputation prosthesis on a technicality of medical record keeping. The prosthesis has been declared irreparable and should be replaced. This examinee has a high demand for prosthesis to continue activities of daily living. As a young amputee, prosthetic components will likely require frequent replacement.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)