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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right below knee prosthesis

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 Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg

Orthotics and Prosthetics: 08/19/10, 08/20/10, 09/14/10, 09/21/10

Peer Review: 09/29/10, 10/28/10

Henson, Physical therapy note: 10/13/10

Dr., note: 10/19/10

Carrier Submission: 11/05/10

Price List form O&P for the prosthesis: 09/24/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his right leg and ankle on xx/xx/xx. The claimant allegedly sustained a severe right ankle fracture, developed gangrene, and had to have a below knee amputation in 2002.

A note from Orthotics and Prosthetics on 08/19/10 indicated that the claimant was unable to don his right below the knee prosthesis. It also indicated that the claimant had been wearing a shrinker, was undergoing dialysis and had fluctuating edema of his right below the knee stump. The ears on the socket were flared and the claimant was able to don the prosthesis easier. A note from Orthotics and Prosthetics on 09/14/10 indicated that the right prosthesis was still too tight and went on only without the plastic liner.

The claimant was still having difficulty with his prosthesis on 09/21/10 and the representative from Orthotics and Prosthetics indicated that the claimant would not be able to don the socket

independently and needed a new below-the-knee prosthesis. This was non-certified in peer review on 09/28/10 as it was unclear as to why there was a need for an entirely new prosthesis as opposed to reworking the old prosthesis. The claimant's physical therapist indicated in a note on 10/13/10 that the claimant had fluctuating edema in his right stump that affected his and his caregiver's ability to don the prosthesis. She felt the claimant would benefit from a new better fitting right prosthesis to allow for increased independence in use of the prosthesis and functional mobility. Dr. indicated in a note on 10/19/10 that it was necessary for claimant to be reevaluated for a new socket for his prosthesis due to the increase in the size of his stump. A second peer review on 10/28/10 also non-certified the request for an entire new below knee prosthesis as it appeared that the only problem was the sizing of the claimant's socket.

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

It is unclear to the reviewer why a replacement of the entire below knee prosthesis has been requested in this case. The patient reportedly has difficulty with fitting the socket due to it being tight. It is unknown why a larger socket cannot be placed on the current prosthesis. The record from the treating provider from 10/19/10 simply states that the patient needs to be evaluated for a new socket for his prosthesis. However, this request is to replace the entire prosthesis. This is not medically necessary in light of the information provided. The reviewer finds that medical necessity does not exist for Right below knee prosthesis.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg

Prostheses (artificial limb)

Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also Microprocessor-controlled knee prostheses

Criteria for the use of prostheses

A lower limb prosthesis may be considered medically necessary when:

1. The patient will reach or maintain a defined functional state within a reasonable period of time;
2. The patient is motivated to ambulate; and
3. The prosthesis is furnished incident to a physician's services or on a physician's order

Prosthetic knees are considered for medical necessity based upon functional classification, as follows

- a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence) or above.
- b) Other knee systems may be considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence) or above. (BlueCross BlueShield, 2004)

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)