



Notice of independent Review Decision

Amended Review 9/30/10

DATE OF REVIEW: 9/24/10

IRO Case #:

Description of the services in dispute:

Above knee mold socket open end sach ft endoskeletal syst single axis knee #L5321

Test socket above knee #L5624

Above knee or knee disarticulation, acrylic socket #L5631

Ischial containment/narrow M-L socket

Total contact above knee or knee disarticulation #L5650

Above knee flexible inner socket external frame #L5651

Addition to lower bk suction socket with loc mech #L5673

Add to lower extremity below knee suspension locking mech exclude socket #L5671

Replacement custom shape protective cover AK #L5705

Above knee or hip disarticulation alignable system #L5920

Above the knee ultra eight material titanium carbon equal #L5950

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a fellow of the American College of Surgeons. This reviewer is a member of the American Medical Association and the American Academy of Orthopedic Surgery. This reviewer has been in active practice since 1975.

Review Outcome

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

Upheld

The medical necessity of the above knee mold socket open end sach ft endoskeletal syst single axis knee #L5321, test socket above knee #L5624, above knee or knee disarticulation, acrylic socket #L5631, ischial containment/narrow M-L socket, total contact above knee or knee disarticulation #L5650, above knee flexible inner socket external frame #L5651, addition to lower bk suction socket with loc mech #L5673, add to lower extremity below knee suspension locking mech exclude socket #L5671, replacement custom shape protective cover AK #L5705, above knee or hip disarticulation alignable system #L5920, and above the knee ultra eight material titanium carbon equal #L5950 for this patient has not been established.

Information provided to the IRO for review

Request for Review by Independent Organization 9/08/10, 7 pages  
Workers' Compensation Services Review Summary, 8/19/10, 4 pages

Workers' Compensation Services Notification of Determination, 8/10/10, 4 pages

#### Records from URA

Orthotic and Prosthetic Invoice, 8/04/10, 2 pages Office  
Visit, Unknown Provider, 7/12/10, 1 page Prescription,

7/08/10, 1 page

Progress Note, Dr., 7/29/10, 2 pages Surgery

Follow-up, Dr., 6/24/10, 1 page Hospital

Discharge Summary, 5/26/10, 2 pages Hospital

Consultation 5/12/10, 4 pages

Hospital Progress Not, 5/18/10, 1 page

Hospital Admission (48) Hour Review 5/13/10, 1 page

#### Patient clinical history [summary]

The patient is a male who sustained a work-related injury on xx/xx/xx when his leg became entangled in a chain resulting in traumatic left below the knee amputation.

On 5/07/10 the patient underwent above the knee amputation revision surgery performed by Dr.. The patient underwent inpatient rehabilitation and was discharged home on 5/20/10.

On 6/24/10 Dr. saw the patient for a surgery follow-up. The patient was advised to continue wound care and follow-up in two weeks.

On 7/12/10 the patient was seen by an unknown provider for evaluation and was noted to have what appeared to be a neuroma embedded in the suture line causing shooting pain. The patient was given a gel liner and instructed to follow-up in two weeks.

On 7/29/10 Dr. saw the patient for follow-up. The recommendation was for fitting of prosthesis.

Prior reviews were denied based on insufficient information revealing the patient is motivated and willing to ambulate, no physical therapy progress notes and no information establishing medical necessity.

#### Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Items in dispute are the above knee mold socket open end sach ft endoskeletal syst single axis knee #L5321, test socket above knee #L5624, above knee or knee disarticulation, acrylic socket #L5631, ischial containment/narrow M-L socket, total contact above knee or knee disarticulation #L5650, above knee flexible inner socket external frame #L5651, addition to lower bk suction socket with loc mech #L5673, add to lower extremity below knee suspension locking mech exclude socket #L5671, replacement custom shape protective cover AK #L5705, above knee or hip disarticulation

alignable system #L5920, and above the knee ultra eight material titanium carbon equal #L5950.

The prosthetic leg is not medically necessary at this time. Official Disability Guidelines (ODG) indicates specific criteria for the use of prosthesis that have not been met. From the medical records provided, the patient is having some serious ongoing issues with the limb that must be addressed before the patient can be expected to reach a functional state to use the prosthetic leg. There is a neuroma at the suture line that is causing severe shooting pain up the limb. The patient was instructed about exercises that may help but there are no records of success or failure. It would not be practical to fit this patient with a prosthetic leg to a stump that is painful to pressure. The records also do not mention anything about the patient's motivation to ambulate. It would not be practical to fit this patient with a very costly prosthetic leg without some indication that the patient actually wants to ambulate and is motivated do the rehabilitative work necessary for a successful outcome. Therefore, the medical necessity of the prosthetic leg for this patient has not been established.

A description and the source of the screening criteria or other clinical basis used to make the decision:

A prosthesis is a fabricated substitute for a missing body part. 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.

ODG 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.

Official Disability Guidelines (ODG), Online Edition.