

SENT VIA EMAIL OR FAX ON
Apr/14/2011

IRO Express Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee / ankle Flexinoater 30 day rental

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

Board Certified Orthopedic Surgery

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

1. Cover sheet and working documents
2. MRI of the right knee dated 09/09/10
3. Initial evaluations and physical therapy notes Orthopedic Associates dated 01/27/11, 01/07/11 and 09/23/10
4. Physical therapy note Physical Therapy dated 12/17/10
5. Post operative visits =Orthopedic Associates dated 12/17/10 and 02/18/11
6. Utilization review determination dated 02/24/11
7. Reconsideration/appeal of adverse determination dated 03/07/11
8. Request for IRO dated 03/10/11
9. Request for medical records dated 03/31/11
10. Notice to utilization review agent of assignment of IRO dated 03/31/11
11. Letter of appeal Inc.
12. Certificate of medical necessity No Date

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient's hands were full and she fell down some stairs. The patient reported that her right knee was hurting. MRI of the right knee dated 09/09/10 revealed grade III tear of the body and posterior horn of the medial meniscus; grade II signal in the posterior horn of lateral meniscus; myxoid degeneration in the anterior horns of both menisci; sprain of anterior cruciate and medial collateral ligaments; mild changes of osteoarthritis; mild synovial effusion; and mild subcutaneous edema around the knee joint. Postoperative visit note dated 12/17/10 indicates that the patient is two weeks status post right knee arthroscopy with OATS procedure (12/02/2010). The patient presents on crutches, non-weightbearing. Follow up note dated 01/07/11 indicates that the patient has no difficulties with daily activities. On physical examination range of motion is extension -20 and flexion 78. Follow up note dated 02/18/11 indicates that range of motion shows decreased flexion with pain, normal extension with pain. Neurologic exam of the lower extremities is normal with respect to motor, sensory

and deep tendon reflexes. The patient completed 18 postoperative physical therapy sessions.

Initial request for right knee/ankle Flexionater 30 days rental was non-certified on 02/24/11 noting that the patient did not undergo arthroplasty and the device is not supported. There is insufficient scientific evidence to support the manufacturer's claims that these home-based stretching devices can consistently stretch scar tissues without causing vascular re-injury and thus significantly reduce the need for additional surgery. The denial was upheld on appeal dated 03/07/11 noting that there are no controlled published peer-reviewed studies on the effectiveness of the knee/ankle flexionator. There is a lack of published data to support the claim that these devices can reduce the need for manipulation under anesthesia.

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

Based on the clinical information provided, the request for right knee/ankle flexionator 30 day rental is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent right knee arthroscopy with OATS procedure on 12/02/10 followed by 18 postoperative physical therapy visits. The Official Disability Guidelines support flexionators only if PT alone has been unsuccessful in adequately correcting range of motion limitations 10 weeks after knee arthroplasty. This patient did not undergo knee arthroplasty, and therefore, the flexionator is not supported. As stated by the two previous reviewers, there is insufficient scientific evidence to support the manufacturer's claims that these home-based stretching devices can consistently stretch scar tissues without causing vascular re-injury and thus significantly reduce the need for additional surgery. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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)