

Notice of Independent Review Decision

**DATE OF REVIEW: 7/4/2011**

**IRO CASE #:**

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

PURCHASE RIGHT KNEE BRACE FROM

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

M.D. Board Certified Orthopedic Surgeon/ Fellowship Training in Spine 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**

<b>Document Type</b>	<b>Date(s) - Month/Day/Year</b>
Texas Department of Insurance Notice of Case Assignment	6/14/2011
Xchanging Preauthorization Determination: Adverse Determinations	5/16/2011-6/09/2011
Orthopaedic Associates Clinical notes	12/14/2010-6/02/2011
Hospital Exam Report ECG report Radiology report Operative Report	9/09/2008 9/09/2008 9/30/2008 9/30/2008
MRI Center Report	4/07/2008
Radiology & Imaging Reports	1/24/2007-9/19/2007
M.D. Note	9/20/2007
Teaxs Workers' Compensation Work Status Report	6/02/2011
Physicians' Review Network, Inc Independent Medical Review Report	5/13/2011
Advanced Medical Review Physician Reviewer Final Note	6/09/2011
Work Accident Center Prescription for right knee brace	11/15/2010
Orthopedic Supply, Inc. Dispense Orders	4/28/2011-6/02/2011
Medical Equipment Fax Transmission Preauthorization Request	5/11/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

male sustained blunt trauma to the right knee in xxxx. He has undergone multiple arthroscopic procedures to address a lateral meniscal tear, and osteoarticular cartilage defects. He also has medial compartment disease s/p HTO in 2008 to unload the medial compartment. The request is for an unloader brace.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Recommendation: The right lateral unloader bridge knee brace is not medically indicated based on ODG guidelines and review of the supporting literature.

The ODG criteria are as follows:

Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions:

1. Knee instability
2. Ligament insufficiency/deficiency
3. Reconstructed ligament
4. Articular defect repair
5. Avascular necrosis
6. Meniscal cartilage repair
7. Painful failed total knee arthroplasty
8. Painful high tibial osteotomy
9. Painful unicompartmental osteoarthritis
10. Tibial plateau fracture

Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:

1. Abnormal limb contour, such as:
  - a. Valgus [knock-kneed] limb
  - b. Varus [bow-legged] limb
  - c. Tibial varum
  - d. Disproportionate thigh and calf (e.g., large thigh and small calf)
  - e. Minimal muscle mass on which to suspend a brace
2. Skin changes, such as:
  - a. Excessive redundant soft skin
  - b. Thin skin with risk of breakdown (e.g., chronic steroid use)
3. Severe osteoarthritis (grade III or IV)
4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)
5. Severe instability as noted on physical examination of knee

The patient does not currently have any of the above conditions which would warrant the use of a knee brace of either kind.

#### ODG Guidelines:

Knee brace Recommended as indicated below. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. (Bengal,1997) (Crossley, 2001) (D'hondt-Cochrane, 2002) (Miller, 1997) (Yeung-Cochrane, 2002) (Van Tiggelen, 2004) There are no data in the published peer-reviewed literature that shows that custom fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. (BlueCross BlueShield, 2004) The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. (Wright, 2007) Among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. (Zhang, 2008) Patellar taping, and possibly patellar bracing, relieves chronic knee pain, according to a recent meta-analysis. Patellar taping may be preferred over bracing due to the fact that there is much more evidence for taping than bracing, and also because taping produces better clinical results in terms of reductions in pain than patellar bracing, plus patients are more active in their rehabilitation with taping than with bracing. (Warden, 2008) The results of this systematic review suggest that knee braces and foot orthoses are effective in decreasing pain, joint stiffness, and drug dosage, and they also improve proprioception, balance, Kellgren/Lawrence grading, and physical function scores in subjects with varus and valgus knee osteoarthritis. They should be cautiously considered as conservative management for relief of pain and stiffness and improving physical function for persons with knee osteoarthritis. (Raja, 2011)

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

- 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 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: