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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 08/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medial offloader brace for the right knee

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

Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medial offloader brace for the right knee - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the right knee with 3D contrast dated 01/28/11 and interpreted by M.D.
Evaluations with M.D. dated 02/01/11, 07/05/11, and 07/20/11
Outside Agent New Order Requests from Dr. dated 03/16/11 and 07/08/11
A Telefacsimile Cover Sheet dated 03/16/11
Utilization Review Determinations dated 03/21/11 for a CPM rental of the right
knee for seven days and a seven day DVT pump rental
An operative report from Dr. dated 03/24/11
Physician Prescription/Patient Agreement/Proof of Delivery dated 03/24/11
A Patient & Device Status Log and Home Equipment Instructions Checklist
03/24/11
A Rental Agreement Terms and Conditions dated 03/24/11
An original invoice dated 03/31/11
A prescription from Dr. for an off the shelf valgus reducing brace for the right
knee dated 07/05/11
A notice of Utilization Review Determination from M.D. dated 07/14/11
A fax to the Reconsideration Department dated 08/03/11
Another Utilization Review Determination from M.D. dated 08/10/11
A Statement of Account dated 08/18/11
An undated Venous Thromboembolism Risk Factor Assessment
An undated statement regarding the patient
An undated measurement report of the right knee from the thigh to the calf
The Official Disability Guidelines (ODG) were not provided the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the right knee revealed a grade III tear in the posterior horn of the medial meniscus and preexisting joint effusion prior to arthrography. On 02/01/11, Dr. recommended arthroscopic surgery to the right knee and it was noted the patient would need a surgical bed to accommodate him. The patient underwent arthroscopic examination of the right knee, partial medial and lateral meniscectomies, arthroscopic debridement of the damaged articular cartilage in the medial femoral condyle, medial tibial plateau, and patellofemoral joint, major synovectomy of the medial and lateral compartments, and injection of the right knee on 03/24/11. The postoperative diagnoses were torn medial and lateral menisci, grade III chondromalacia of the medial femoral condyle, medial tibial plateau, and patellofemoral joint, and generalized synovitis. On 07/05/11, Dr. noted the patient wanted to go back to work on xx/xx/xxxx. Dr. recommended that the patient and an off-the-shelf valgus producing offloading brace. On 07/08/11, Dr. provided a new order request for an off the shelf medial offloader brace. On 07/14/11, Dr. provided an adverse determination for the medial offloader brace for the right knee. On 08/10/11, Dr. also provided an adverse determination for the medial offloader brace for the right knee.

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

If you reference the 2011 ODG Chapter on the Knee and Leg, it notes that unloader braces for the knees are still under study. There is limited evidence detailing its efficacy and the actual results are mixed. Furthermore, there is no evidence of osteoarthritis on the x-rays, which is another criteria in the ODG for the medial unloader brace. On Dr. 07/05/11 evaluation, the patient had good range of motion to almost 130 degrees and there was no instability. I do not believe there will be any substantial benefit whatsoever resisting the significant forces delivered to the knee with activities of daily living and especially with significant loading from heavy use. Therefore, the recommended medial offloader brace for the right knee is not reasonable or necessary and the previous adverse determinations are upheld.

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 AND KNOWLEDGE BASE
- 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)**