



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 09/12/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 purchase of Left Ankle Brace from 08/2/2011 through 10/1/2011

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

Texas Board Certified Family Practice

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. An MRI of the lumbar spine dated 08/22/10
2. An operative procedure involving the L5-S1 level dated 03/23/11
3. Ambulance record dated 03/23/11
4. Clinical notes dated 03/23/11 through 06/23/11
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury to his low back when he was loading equipment into a truck.

The letter of reconsideration details the employee was able to demonstrate 2/5 strength in the lower extremities with decreased sensation.

The clinical note dated xx/xx/xx details the employee having complaints of low back pain. The employee was noted to have previously undergone a microdiscectomy at L5-S1.

The electrodiagnostic studies dated 05/16/11 revealed findings consistent with an S1 radiculopathy.

The clinical note dated 05/22/11 details the employee continuing to complain of severe lumbar region pain with associated muscle spasms. The employee stated that his left foot was experiencing a numbing sensation.

The clinical note dated 06/23/11 details the employee continued with complaints of pain he rated as 8/10. The note details the employee stating that he had nerve damage at the left foot. The employee was noted to be utilizing pharmacological interventions for ongoing pain relief. The note details the employee had been walking when his left lower extremity gave out and he fell. The employee stated that he could not feel his lower extremities and had to be carried. The employee was noted to have residual effects of the left sided S1 radiculopathy and as a result was experiencing motor deficit in the left lower leg.

No prior reviews were submitted.

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

The documentation submitted for review elaborates the employee complaining of left lower extremity weakness. Evidence-based guidelines recommend an ankle brace/orthosis provided the employee meets specific criteria. The documentation details the employee able to demonstrate 2/5 strength in the lower extremities. The employee was further noted to be demonstrating ankle instability. Given the noted instability at the ankle as well as the significant weakness in the lower extremities, the request for an ankle orthosis/brace is reasonable. As such, the documentation submitted for this review supports the request at this time.

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

Official Disability Guidelines, Ankle and Foot Chapter, Online Version.

Bracing (immobilization)

Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) After Achilles tendon repair, patients splinted with a functional brace rather than a cast post-operatively tended to have a shorter in-patient stay, less time off work and a quicker return to sporting activities. There was also a

lower complication rate (excluding rerupture) in the functional brace group. (Khan-Cochrane, 2004) In a randomized, controlled trial of a removable brace

versus casting in younger patients with low-risk ankle fractures, treatment with a removable ankle brace was superior to treatment with a cast. (Boutis, 2007) According to this systematic review of treatment for ankle sprains, for mild-to-moderate ankle sprains, functional treatment options (which can consist of elastic bandaging, soft casting, taping or orthoses with associated coordination training) were found to be statistically better than immobilization for multiple outcome measures. (Seah, 2011)