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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

New Prosthesis

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

M.D. Board Certified Orthopedic Surgeon

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)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured while at work on xx/xx/xx when she fell into a drain hole. The original diagnosis and course of treatment was not provided for review. Per review of records, an Initial Evaluation done on 06/05/09 by, PA-C of the Medicine Center documented that the claimant developed neuropathy as a result of this injury. Since the accident, the claimant has been under the care of Dr. of pain management for chronic regional pain syndrome (CRPS) I. In April of 2009, the claimant developed blisters / ulcers to her left foot. After 21 days of antibiotics, the ulcers had not improved and the claimant was febrile. On 05/21/09, the claimant presented to the ED with cellulitis and a left below the knee amputation (BKA) was performed on 05/21/09. The claimant was admitted to inpatient rehabilitation for therapy and wound care and was discharged on 06/04/09. The claimant was referred to the wound care center for a non-healing wound of the amputation site. The claimant was discharged on 06/29/09 with the wound healed. The claimant continued treatment with Dr., progressed in therapy and was fitted for a prosthetic limb later in 2009. On 07/21/10 Dr. noted that the claimant was getting a new prosthetic due to increased stump pain because the prosthetic was rubbing the anterior portion of the stump. Dr. noted that the increased stump pain amplified the claimant's phantom limb pain. During the remainder of 2010, Dr. noted that the claimant required additional adjustment of her new prosthesis as it was rubbing in different areas. The claimant required Percocet for pain control during the adjustments as the increased stump pain increased the phantom limb pain. Between 01/16/11 and 06/24/11, documentation noted the claimant complained of increased pain at the base of the left stump. Exam findings noted a prepatellar tibia tendonitis, which was improving with the use of pain gel. On 07/14/11 a request for a new prosthesis was submitted. The claimant had been evaluated by a certified prosthetist who stated that the claimant's current prosthesis was inappropriate for her functional level it was completely out of fit.

The current prosthesis would be temporarily modified in order to allow her to ambulate in the proximity of her home, however the claimant would require a new prosthesis that would be

suitable for her normal activities of daily living (ADLs) and functional level.

The request for a new prosthesis was denied per peer review.

On 07/22/11, the claim was evaluated by NP with Dr.. The claimant reported that the prosthesis was twisted causing pressure on her knee. Mr. examination of the claimant revealed pain at the base of the stump with the pre patellar tibial tendonitis still present but improving. Mr. noted that the prosthesis appeared to twist to the left. The claimant had a pink, worn area near the patella from the rubbing of the device on her leg. Mr. noted that the claimant was told by the manufacturer that she would need a new one as the mold was shrunk too small originally and it appeared that this cannot be adjusted. Mr. stated that the claimant was at risk for getting a stress ulcer on her BKA due to the prosthetic device mal fitting.

The request for a new prosthesis was submitted for reconsideration and once again denied per peer review on 08/01/11.

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

In this case, this claimant already has a prosthesis. A below-knee amputation was performed back in May of 2009. She has been in a prosthesis since 2009. Notes document that a new one was issued July 2010 due to the prosthesis rubbing on the anterior part of the stump. Multiple notes document that this new prosthesis required adjustments as it was rubbing other regions. The most recent note documents that the current prosthesis is ill fitting. The claimant was evaluated by a certified prosthetist, and the current prosthesis is inappropriate for her functional level, as it was completely out of fit. They were able to temporarily modify it to allow her to ambulate around the house. However, the prosthetist felt she would require a new prosthesis that would be suitable for normal activities of daily living. Dr. most recent office note with nurse practitioner, documents that her current prosthesis cannot be adjusted adequately and that she will need a new one as she is at risk for getting a stress ulcer on her below-knee amputation due to the prosthetic device not fitting.

In this case, the reviewer finds that a new prosthesis for the claimant's left lower extremity is medically necessary.

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)