

SENT VIA EMAIL OR FAX ON  
Feb/22/2012

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/21/2012

**IRO CASE #:**

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

Below-Knee Prosthesis for the Right Knee

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

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

Notification of utilization review determination 01/06/12

Pre-authorization review 01/06/12

Utilization review reconsideration determination 01/27/12

Pre-authorization review 01/23/12 and 01/20/12

Authorization request form 01/04/12

Progress note 09/12/11

Prescription form for prosthetics 12/19/11

Pre-authorization appeal request 01/16/12

Office notes 10/04/11-11/08/11

Vascular laboratory venous evaluation right lower extremity 10/04/11

Pathological record 10/20/11

Operative report excision of inflammatory masses times two 10/20/11

Hospital records 10/20/11

Request for review by independent review organization 02/01/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a crushing injury to the right leg on xx/xx/xx. He underwent below the knee amputation below the leg on 10/10/08. The claimant was seen on 09/12/11 at which time he reports a bit a of a sore spot/pressure ulcer to the posterolateral aspect of the leg knee the top of his prosthesis. Examination of the right lower extremity reveals some swelling in the pre-patellar bursa and mild Baker's cyst. There was no

ecchymosis, no skin breakdown, good vascularity to stump. Sensation was normal in all dermatomes. Reflexes were 2+ at the knees and ankles. Vascular exam revealed no edema, no cyanosis, dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+. The claimant was referred for evaluation by prosthetician. Records indicate that on 10/20/11 the claimant underwent excision of inflammatory masses right side inflammatory mass popliteal fossa right side and fibula head right side. Records indicate the claimant's current prosthesis is too large for his residual limb. Stump is changed in size and shape that makes current prosthesis uncomfortable to wear and use. He is wearing 12 ply of socks to make the prosthesis usable. His foot is also several years old and worn. The foot no longer supplies the support it once did. It was noted that the surgery on posterior of the knee changed the contour of the posterior knee slightly and a new socket would improve comfort, fit control and stability.

A pre-authorization request for purchase of below knee prosthesis for right knee was reviewed on 01/06/12 and non-certified as medically necessary. The reviewer noted that most recent clinical assessment submitted was performed on 10/11/11. The claimant was seen for assistant component lesion behind his right knee. Physical examination revealed a lesion, which was difficult to characterize but appeared to be fluid filled and not vascular. It was a ballotable, movable and possibly interconnected with a little area on the lateral side of the head of the fibula on the right hand side. The claimant had cyst removed from the posterior knee on 10/20/11. It was noted the claimant is currently wearing 12 ply of stump socks and the socket is loose. It is also noted that the new prosthesis will provide more comfort, control and stability. However there was no post-operative clinical assessment submitted for review. Clarification was needed regarding status of current prosthesis. As such medical necessity of the request cannot be determined at this time.

A reconsideration request for purchase of below knee prosthesis for right knee was reviewed on 01/23/12, and again request was non-certified. Per report dated 11/08/11 it was noted that the claimant had an open area of below the knee amputation stump on the right side that goes over the fibular head. On physical examination the wound over the fibular head now 1.5x1.5cm long was noted to be clean and closed. Medical records submitted for review did not include a more recent and updated status of the below knee amputation stump. Moreover it was noted that the claimant's current prosthesis is worn out and is too large for his residual limb and that the stump has changed in size and shape; however, there is no objective measure of the said stump as well as the size of the prosthesis. The objective documentation of functional status of the claimant was likewise not provided. As per guidelines, prosthetic knees are considered medically necessary for patients demonstrating functional level 1 or 3. It was also noted as per nurse's clinical summary that the claimant has gone back to work and is walking well with prosthesis without significant pain, with full range of motion and stable knee. Furthermore, there is no documentation that the set equipment is to be used in conjunction with evidence based rehabilitation therapy. As such, medical necessity has not been substantiated and previous non-certification is upheld.

#### **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 below the knee prosthesis is indicated as medically necessary. The claimant is noted to have sustained crushing injury to right lower extremity and underwent below knee amputation of right leg on 10/10/08. Records indicate the claimant has been using prosthesis effectively; however, his current prosthesis is noted to be too large for residual limb as his stump has changed in size and shape which makes current prosthesis uncomfortable to wear and use. To compensate the claimant is wearing 12 ply of socks to make prosthesis usable. According to letter dated 02/01/12, the current prosthesis was made in 2008. Comparison of stump measurements from 2008 and current measurements noted the following: KC-17 ½ inches in 2008 versus 15 ½ inches currently; mid 16 ¾ 2008 versus 12 ½ currently; distal 15 ¼ 2008 versus 11 7/8 currently. It was further noted the claimant is an active individual and is capable of ambulating with variable cadence and can traverse most environmental barriers such as stairs and curves. He ambulates unassisted while performing job and daily activities. The claimant has also undergone surgical procedure for removal of inflammatory masses

posterior to right knee on 10/20/11 which also changed contour of residual stump. Given changes noted in records, the proposed below the knee prosthesis is supported as medically necessary. As such, the previous denials should be overturned on IRO.

**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)