

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/06/2012

**IRO CASE #:**

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

Transfemoral prosthesis with a microprocessor-controlled Otto Bock Genium knee with Hanger ComfortFlex Socket and Trias foot

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

M.D., Board Certified Orthopedic Surgeon (Joint)

**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**

Official Disability Guidelines  
Request for IRO 12/20/11  
Utilization review determination 11/10/11  
Utilization review determination 11/16/11  
Appeal request Hangar Orthopedics 12/01/11  
Appeal letter Prosthetics 11/11/11  
Pavet Protocol prescription for Otto Bock C-leg no date  
Clinical note Dr. 11/04/11  
Physical therapy progress note 11/29/11  
Operative report 09/13/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who has a past medical history of right knee injury that ultimately resulted in a total knee arthroplasty. The claimant developed a chronically infected arthrodesis and underwent transfemoral above the knee amputation on 09/14/11. The claimant was noted to be developing maturation of the residual stump on 11/04/11. He was recommended to receive a custom fitted socket with suction suspension for utilizing a microprocessor knee and energy storing foot. It is reported that the claimant ultimately desires to return to employment as a police instructor. In order to accommodate his work activities he would need the microprocessor knee in order to vary his gait.

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

The claimant is a male who underwent transfemoral amputation on 09/14/11. He is reported to have undergone maturation of the stump and he was referred for prosthetic fitting which

through Pavet testing was determined that he would benefit from the use of a microprocessor knee. It was noted that the claimant was employed as a school police officer. Current evidenced-based guidelines do not support the use of a microprocessor knee noting that there is currently insufficient clinical data to establish the long-term efficacy of these devices. The guide is noted to be inadequate to both define improvement in health outcomes related to the increased sophistication of this prosthesis and to establish which patients may or may not benefit from the devices. Based upon the totality of the clinical information the reviewer finds medical necessity is not indicated for Transfemoral prosthesis with a microprocessor-controlled Otto Bock Genium knee with Hanger ComfortFlex Socket and Trias foot.

**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)