

# INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West Eldorado Pkwy' Suite 100 -373 . McKinney, Texas 75070

Office 469-218-1010 . Toll Free Fax 469-374-6852 e-mail: independentreviewers@hotmail.com

## Notice of Independent Review Decision

**[Date notice sent to all parties]:** 06/25/2012

### **IRO CASE #:**

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

definitive prosthesis L5321; test socket L6524x2; acrylic lamination L5631; ischial containment L5649; total contact L5650; flexible frame L5651; AK cover L5705; alignable system L5920; ultra light material L5950; flexible covering L5964; suction suspension L5652; seal in liner L5673 x 2; AK shrinker L8460 x 4; multiple ply socks L8430 x 12; sheaths L8410 x 12; highlander foot L5981; multi-axis L5986; axial rotation L5984; endo Hip knee ext. L5850; endoskel knee shin L5810; stance ext dampening L5848; and high activity frame L5930

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

Board Certified PM&R

### **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 medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Cover sheet and working documents
2. Hyperbaric initial assessment dated 01/26/12
3. Clinic notes Dr. dated 04/18/12 and 05/23/12
4. Prosthetic quote
5. Utilization review determination dated 05/08/12
6. Utilization review determination dated 05/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident wherein he was the restrained driver involved in a rollover off a 20-30 foot embankment. The patient sustained a traumatic above knee amputation of the right lower extremity and underwent skin graft placement on 12/02/11. Note dated 01/26/12 indicates that on 12/29/11 the patient noticed that the wound was draining fluid and pus in addition to pockets of pus being present in the wound bed. The patient states that his pain is well controlled on his current pain medication regimen. On physical examination the patient has an unsteady gait and impaired balance. The patient is ambulating with crutches. There is an open wound at the site of the amputation. The patient has received hyperbaric oxygen therapy and medication management to include oral antibiotics and pain medications. Follow up note dated 04/18/12 indicates that the patient is requesting a new prosthesis or artificial limb.

Initial request was non-certified on 05/08/12 noting that updated current documentation is not provided verifying that the patient's wound has healed and that there are no other physical deficits that would hinder the use of the prosthesis. Therefore, right lower extremity fluid prosthesis, including all the associated components is not recommended for certification.

The denial was upheld on appeal dated 05/17/12 noting that adequate information was not received to make a certification. The reviewing doctor states that he believes that if the wound is healed and without an infection, the patient should qualify for a knee lower extremity prosthesis. Follow up note dated 05/23/12 indicates that the patient continues to ambulate with crutches. There is no skin irritation, skin breakdown or rash. The skin incision is well-healed and moist. There is no drainage. The patient's residual limb has been healed for several months and he is having to ambulate with Lofstrand crutches.

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

Based on the clinical information provided, the request for definitive prosthesis L5321; test socket L6524x2; acrylic lamination L5631; ischial containment L5649; total contact L5650; flexible frame L5651; AK cover L5705; alignable system L5920; ultra light material L5950; flexible covering L5964; suction suspension L5652; seal in liner L5673 x 2; AK shrinker L8460 x 4; multiple ply socks L8430 x 12; sheaths L8410 x 12; highlander foot L5981; multi-axis L5986; axial rotation L5984; endo AK/Hip knee ext. L5850; endoskel knee shin L5810;

stance ext dampening L5848; and high activity frame L5930 is recommended as medically necessary, and the two previous denials are overturned. The patient sustained a traumatic above knee amputation of the right lower extremity. The patient's residual limb has been healed for several months. There is no skin irritation, skin breakdown or rash. The claimant is young and will be high functioning (Level III). Therefore, the requested prosthesis and ancillary DME is appropriate at this time and the request is medically necessary.

**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 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)**

**ODG Knee and Leg Chapter**

**Prostheses (artificial limb)** Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also [Microprocessor-controlled knee prostheses](#).

Criteria for the use of prostheses:

A lower limb prosthesis may be considered medically necessary when:

1. The patient will reach or maintain a defined functional state within a reasonable period of time;
2. The patient is motivated to ambulate; and
3. The prosthesis is furnished incident to a physician's services or on a physician's order.

Prosthetic knees are considered for medical necessity based upon functional classification, as follows:

- a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence) or above.
- b) Other knee systems may be considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence) or above. ([BlueCross BlueShield, 2004](#))