

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/18/12

**IRO CASE #:**

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

1. Left foot custom molded articulated AFO (L1970)
2. Left foot plastic varus-valgus correction insert (L2275)
3. Right foot non-removable longitudinal arch support (L3070)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering the problems of maintaining gait after profound neurologic complications for traumatic injury

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
736.79	L1970		Prosp.				09/15/95		Overturn
900.9	L2275		Prosp				09/15/95		Overturn
	L3070		Prosp.				09/15/95		Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. referral forms
2. Letters of denial 01/27/12 and 01/18/12, including criteria used in the denial.
4. Clinical notes, 09/08/11, 01/12/12 and 02/29/12.
5. letter of medical necessity

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The claimant is a male who was involved in a motor vehicle accident on xx/xx/xx. He suffered severe skull and brain injuries with a right parietal depressed skull fracture and a right frontal contusion, in addition to frontal and temporal intracerebral hemorrhages, subarachnoid hemorrhages, and intraventricular bleeding. He was comatose for a prolonged period of time.

He underwent repair of a skull fracture. He was admitted to Baylor University Medical Center with hemiplegia and cognitive deficits. He has undergone extensive rehabilitation.

He was initially evaluated by the current rehabilitation provider in September of 2011. He has a left foot drop and utilizes an articulated AFO on the left side. He has chronic foot placement problems and utilizes an insert to control varus and valgus positioning of the left foot and requires an arch support on the right side to assist in ambulation. His orthotics are worn; they have been used for some time and they require replacement.

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

The ability of this claimant to ambulate at all requires attention to his orthotic devices. The articulated AFO to allow the claimant to ambulate in spite of left foot drop, as well as foot placement problems requires the use of orthotic shoe inserts. The request for replacement of articulated left AFO for the correction of foot drop, as well as the orthotic insert to assist in varus-valgus control of the left foot, and, finally, the right foot longitudinal arch support is medically necessary and appropriate and should be provided.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)