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Notice of Independent Review Decision

Date notice sent to all parties:

October 15, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Prosthetic Socket Replacement between 9/26/2012 and 11/25/2012.

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

Board Certified Family Practice

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

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. Post designated doctor's required examination dated 07/13/11
2. DWC form 69 dated 07/21/11
3. Letter of clarification dated 06/28/12
4. Addendum dated 07/25/12
5. Clinic note Dr. 07/31/12
6. Cost analysis for prosthetic replacement dated 09/20/12

7. Utilization review determination dated 09/24/12
8. Utilization review determination dated 09/28/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was seen in ER onxx/xx/xx in severe septic shock secondary to advanced gangrene of left foot. At that time he was found to be in diabetic ketoacidosis with admitted blood sugar of 480. The claimant reported foot had been black for two weeks prior to this. He alleges he stepped on a nail while at work on xx/xx/xx. The claimant was subsequently taken to surgery on xx/xx/xx and underwent amputation of ankle. The operative note indicates all vessels were thrombosed. This subsequently failed to coil infection of gangrene and he was returned to operating room on 11/29/08 where he underwent an above the knee amputation. Per post DD RME dated 07/13/11 the claimant had recently been fitted with an above the knee prosthesis. At the time of evaluation he has complaints of soreness in the stump. The claimant was found to be at maximum medical improvement as of 11/24/10. The evaluator further opines the injury as noted did not reasonably flow to necessity of above the knee amputation. He notes the compensable injury at most was puncture wound to toe. He notes the claimant had complications because of his uncontrolled diabetes and pathology reports notes completely obliterated, calcified atherosclerotic vessels which did not permit any blood flow. He therefore finds the work related injury did not lead to necessity of amputation and the advanced gangrene noted on 11/23/08 did not occur in short span from 11/18 until ER visit. He subsequently finds a 0% impairment rating.

The record contains a letter of clarification dated 06/28/12. This deals with administrative issues regarding the claimant's date of maximum medical improvement.

The record contains an addendum dated 07/25/12 authored by Dr.. Dr. notes the information discussed does not change his opinion regarding extent of the claimant's compensable injury. He opines the injury of xx/xx/xx is substantial factor in bringing about his left knee above the knee amputation aggravating his preexisting condition.

On 07/31/12 the claimant was seen in follow-up by Dr.. Dr. notes the claimant recently sustained a fall. He reported the socket to cover the stump is old and there is a whole in them due to prosthesis rubbing against his thigh. He is noted to have persistent mild left leg pain. He reported pain with walking activities. He reported prosthesis gets loose when he sweats and he loses his balance and falls down. The record includes request for replacement socket and ancillary DME dated 09/20/12.

The initial review was performed by Dr.. Dr. non-certified the request noting that a complete evaluation of the patient's gait using current prosthesis was not included in the report. He notes objective documentation of ill-fitting prosthesis socket such as skin breakdown was not provided. He noted there is no clear documentation from requesting physician whether prosthesis socket is beyond use or repair. He subsequently non-certified the request.

The appeal request was reviewed by Dr. dated 09/28/12. Dr. Nguyen noted the previous non-certification was given because complete gait evaluation using current prosthesis was not provided,

objective documentation of ill-fitting prosthesis was not included, and there is no clear documentation from the requesting physician whether the prosthesis socket is beyond use or repair. She notes the submitted documentation for the appeal failed to address the aforementioned issues. She notes records dated 08/14/12 elaborated the patient has trouble keeping the leg on because socket is too large and need for new socket. She notes the necessary objective assessment of reportedly ill-fitting prosthesis and gait evaluation was still not provided. A peer to peer was performed with Dr. who reported he did not speak with the prosthesis company and that this request is only for replacement of socket and not the entire prosthesis. It is reported the prosthesis is loose because there is shrinkage in residual limb. Dr. subsequently finds despite receiving additional information, the request has not been established as medically necessary and non-certified the appeal.

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

The request for prosthetic socket replacement between 09/26/12 and 11/25/12 is not supported by the submitted clinical information, and therefore the prior utilization review determinations are upheld. The submitted clinical records indicate the claimant sustained an above the knee amputation secondary to gangrene and atherosclerotic disease exacerbated by a nail puncture. The most recent clinical records provided indicate the claimant has persistent mild left leg pain and pain with walking activities. It is reported prosthesis gets loose when he sweats and he loses his balance and falls down. The record does not provide any measurements of the claimant's stump, provide any detailed assessments of skin, gait analysis, or status of the remaining components of the prosthetic device. It is reported that there has been some stump shrinkage however there's no information as to whether or not additional padding/socks would alleviate the looseness that is reported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

References:

The 2012 Official Disability Guidelines, 17th edition, The Work Loss Data Institute. Online edition.

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)