



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 05/30/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Custom medial unloading brace for right knee.

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)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
			<i>Prosp</i>						<i>Upheld</i>

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 04/11/13 & 05/01/13, including criteria used in the denial.
3. Medical Time Line 04/24/10.
4. Provider request form 04/05/13.
5. Designated doctor exam report 04/15/13.
6. Treating doctor's evaluations and follow up 11/26, 08/31, 05/14/2012.
7. Request for authorization for post-op knee brace 09/25/12, and letter of medical necessity for custom knee brace 11/01/11.
8. Knee x-ray and manual muscle strength exam 05/14/12.
9. Operative report 05/25/11.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient has undergone a lateral compartment unicompartmental arthroplasty after continued pain despite lateral meniscectomy following a work-related injury on xx/xx/xx. The patient has reportedly been using a medial unloader brace to control pain and a new custom medial unloader has been requested due to the old one being in poor repair.

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

The patient continued pain status post unicompartmental knee arthroplasty. The medical records provided fail to demonstrate any of the indications for custom unloader orthoses. The patient has no deformity, no ligamentous instability, or any of the other criteria for the use of custom knee braces as demonstrated in the ODG criteria from the Knee Chapter. There is also a question of loosening or infection of the current arthroplasty. The patient does not meet medical necessity guidelines for use of a custom hinged knee unloader brace.

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

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- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)