IMED, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repair /graft of thigh muscle

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

☒ 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was injured on xx/xx/xx when he fell down some stairs. He sustained injuries to the bilateral legs. He was taken to surgery on 05/02/13 for repair of the bilateral quadriceps tendon ruptures. The right knee did not improve, and he had a revision of the surgery on the right on 10/01/13. continued observation and the gentleman continued to fall. An MRI of the lumbar spines reported extensive degenerative changes and spinal stenosis. He had 4-5 strength in the right EHL with 5-5 on the left. He had a 10 degree extensor lag in the knee with flexion to 120. He continued to fall and was using a walker. He was fitted with an AFO for the partial foot-drop. He is 66 inches tall with a BMI of 37. Diagnostic Health repeated the right knee MRI on 09/09/14 and reported a possible residual or recurrent tear in the quadriceps mechanism. has requested authorization for a revision of the quad reconstruction.

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

While ODG does not cover revisions of quadriceps repair surgery, this specific request does not provide indications that the claimant would improve with the requested surgery. He has co-morbidities including degenerative changes in the bilateral knees, significant spinal stenosis in the lumbar spine, and a BMI of 37. He has near full range of motion with a 10 degree extensor lag that did not improve with the first revision. He has 4-5 strength in the quad mechanism and in the EHL on the right. According to the objective physical findings, he does not have a significant foot drop. The requested procedure is very unlikely to improve his functional capacity, and he would have the routine risks of surgery including infection, thrombosis and delayed healing. He would again require extensive rehabilitation that has not produced a return to function with past treatments. In the opinion of this certified orthopedic surgeon, the requested procedure does not rise to the level of common sense approval, and the request is not certified.

IRO REVIEWER REPORT TEMPLATE -WC

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