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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jan/28/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 purchase of transtibial definitive prosthesis for the left leg with a kinterra prosthetic foot and elevated vacuum

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:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Operative note dated 03/19/13
Operative note dated 04/25/13
Therapy note dated 06/19/13
Clinical note dated 10/17/13
Clinical note dated 11/15/13
Clinical note dated 11/20/13
Adverse determinations dated 12/05/13, 12/30/13, & 01/02/14

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who reported an injury regarding her left lower extremity. The patient subsequently underwent a left below the knee amputation. The operative report dated 03/19/13 indicates the patient undergoing a revision of the left below the knee amputation along with an irrigation and debridement as well as tissue rearrangement. The operative report dated 04/25/13 indicates the patient undergoing the removal of the sutures at the amputation site. The therapy note dated 06/19/13 indicates the patient having completed 8 physical therapy sessions as part of the postoperative care. The clinical note dated 10/17/13 indicates the patient being recommended for a left transtibial prosthesis. The note does mention the patient being independent with her ambulation. The patient was able to ambulate 25 in a hallway. The patient was noted to have a steady even gait. Additionally,

the note does mention the patient able to vary her cadence. The socket condition was noted to be good and was currently fitting well. The patient did report some back pain secondary to a fall. The patient was able to walk a few miles on a treadmill with an increase in strength through independent gym activities. The clinical note dated 11/15/13 indicates the patient being recommended for a custom liner for the prosthetic fit. The patient was noted to have undergone changes that require an accommodation for fitting the prosthesis. The report of medical evaluation dated 11/20/13 indicates the patient continuing with left lower extremity pain. The patient reported the current prosthesis was noted to be unstable as the suction was not good. The patient stated that her fall was a result of the instability. The patient noted painful muscle spasms when at rest or with activities. The note does mention the patient having undergone extensive therapy.

The utilization review dated 12/05/13 resulted in a denial for the purchase of a transtibial definitive prosthesis for the right leg with a Kinterra prosthetic foot and elevated vacuum as no information was submitted confirming the patient's occupational demands requiring a prosthetic device of this nature. No functional deficits were noted to be addressed with the use of this prosthetic device.

The utilization review dated 12/30/13 resulted in a denial for the prosthetic device as no limitations were submitted regarding the patient's occupation nor were any indications provided regarding any specific activities that would benefit the patient with the use of this prosthetic device with the patient's specific work duties.

The utilization review dated 01/02/14 resulted in a denial for the prosthetic device as no indication was submitted in the records that a standard below the knee prosthesis would be unable to meet the patient's functional needs within the home and work place settings.

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

The documentation submitted for review elaborates the patient having undergone a traumatic amputation at the left knee. A custom prosthetic device would be indicated provided the patient meets specific criteria to include the patient's occupational demands requiring a specific prosthetic device. No information was submitted regarding the patient's occupational demands requiring a customized prosthetic device of this nature. No information was submitted regarding the patient's potential response to a standard prosthetic device. As such, it is the opinion of this reviewer that the request for a purchase of a transtibial definitive prosthesis for the left leg with a Kinterra prosthetic foot and elevated vacuum is not recommended as medically necessary.

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