

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 12-28-13

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering major ligamentous injuries to the knee

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MCL/ACL Knee Brace

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)

<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>
L184S			Prosp.				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Independent Review forms
2. Department of Insurance referral forms
3. adverse determination letters dated 11/04/13 and 11/26/13 with Official Disability Guidelines criteria for denial
4. Prosthetics and Orthotics letter for preauthorization for prescription ACL brace, 10/22/13 and 11/13/13
5. preauthorization request, 11/08/13
6. history and physical examination, 10/22/13 and 11/12/13
7. Fax cover with message, 11/15/13

# INDEPENDENT REVIEW INCORPORATED



## PATIENT CLINICAL HISTORY (SUMMARY):

The claimant with a past history of medial compartment partial total knee arthroplasty of the right knee. he suffered valgus stress to the right knee and now has physical findings suggestive of medial collateral ligament instability of the knee. The claimant has been prescribed an ACL brace. He apparently has a knee immobilizer and knee supports. The request for ACL brace was denied, and it was reconsidered and denied.

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

It is not clear why the injured employee would require an ACL brace. He has knee supports, including knee immobilizer, and the only definitive physical finding is instability to valgus stress of the knee. It would appear that the previous denial of this request for an ACL brace was appropriate and should be upheld.

## 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
- AHCPH-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-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)