

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 13, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right lower extremity prosthetic modification consisting of replacement socket, two (2) test sockets, one (1) addition total contact, one (1) endoskeletal system ultra-light material, one (1) acrylic socket, one (1) molded distal cushion, two (2) custom fabricates socket inserts, two (2) suspension/sealing sleeves, six (6) multiply socks, six (6) single ply socks

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

This physician is Board Certified Orthopaedic Surgeon with over 15 years of experience.

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]:

The claimant is a

07-17-14: Visit Note. At claimant's last TIRR clinic, discussed surgery and RFA to help him with his hypersensitive suture line with 2 neuromas under it and the distal tibia bone spur. He seems to have decided that he does not want to get any find of surgical treatment and wants to proceed with a socket replacement. He has a Reflex VSP foot, 34cm, 3mm thick, Wave Ossur Cushion liner, thin Plastazote end pad and sleeve suspension that fits with fit with 19 ply. The plan is to make him a better fitting socket of the same type but with a size smaller

cushion liner, Ossur socket pad over the fibula head and poured distal end pad. Will contact to get a RX for a socket replacement.

07-23-14: Prescription. RX: replacement PTB socket, cushion liner poured distal end pad, and sleeve suspension, supplies.

08-05-14: UR. Reason for denial: Medical records reflect a claimant with a below the knee amputation on the right in March 2013. The claimant was measured for a prosthesis. It is noted the claimant does not want further surgery and is ready to proceed with a prosthesis. It is noted the claimant does not want further surgery and is ready to proceed with a prosthesis. Current treatment guidelines reflects that a prosthesis is recommended when the claimant will reach or maintain a defined functional state within a reasonable period of time; the claimant is motivated to ambulate; and the prosthesis is furnished incident to a physician's services or on a physician's services or on a physician's order. With active neuroma formation presence, it certainly sounds like this claimant will sooner than later be a candidate for further surgical intervention. This would place any new prosthetic fitting in jeopardy. It certainly sounds like the current prosthesis could be further modified or adjusted while awaiting final determination whether surgical revision of the area is necessary. Recommend non-certification.

09-08-14: Clinic Follow Up. CC: prosthetic and rehabilitation evaluation. Claimant is requesting a new prosthesis or artificial limb due to problem with current prosthesis, pain, skin or wound issue. History of present illness: lower extremity amputation level: left, right, bilateral: below the knee trans-tibula due to a work related crush injury, date of amputation 3/8/13. Prosthesis: wears 4-8 hours per day. Claimant complained of problems with fit or function creating a skin irritation, skin breakdown or rashes. Currently wearing 1-4 number of ply of socks. Claimant has pain 4/10 to residual limb and back, throbbing, pulsing, worsens with walking. Current medications: Gabapentin for nerve pain, Tylenol. Current functional status: he is independent in all ADLs. Claimant is currently in therapy 2x per week. PE: claimant uses assistive devices of bilateral crutches for ambulation. Tenderness to palpation to RLE and LLE. Amputation: BKA, cylindrical shape, incision well healed without drainage. Prosthetic Rx: socket: PTB with pelite liner, suspension: cushion liner with sleeve, foot: VSP (K3). Impression/Plan: Diagnosis: pain in limb 729.5, gait abnormality 781.2, amputation stump complication NOS 997.60, below knee amputation status V49.75. Recommend new prosthetic prescription stiffer custom liner, vacuum assist suction socket modification/repairs to current prosthesis and follow up with prosthetic provider. Work-up: imaging: residual limb to assess the bone spur on distal fibula. Skin considerations: patient monitoring of residual limb skin with prosthetic use, provision and instruction in use of long handled mirror, use of moisturizer for residual limb at night, instruction in residual limb and prosthetic hygiene. Pain management: instruction in desensitization and soft tissue massage, continue use of the shrinker when not wearing prosthesis, instructions in mirror therapy provided. Medication management: complete pain journal and return with it on next visit, compound neuro-cream, Lyrica. Continue HEP and PT as instructed. Referrals/Consultations/Medical or Surgical Follow-up: dietician for

weight loss, interventional pain management for diagnostic mapping and RFA for neuroma, Surgical/plastics consult for surgical revision if prosthesis modification doesn't work, podiatry, tobacco cessation, EMG/NCS. Return to clinic after prosthetic check-out in 3 months and as needed.

09-09-14: UR. Reason for denial: In this case the claimant has a below the knee amputation with complaints of hypersensitivity over the suture line with 2 neuromas and distal tibia bone spurs. The option of surgery and radiofrequency ablation have been discussed with the claimant however, the claimant does not wish to undergo further surgical intervention at this time. However, further attempts at adjustment or management of the current socket are not outlined. It is not clear that there are extenuating issues which prevent the claimant from other treatment options at this time. Based on clinical findings, documentation, and evidence based guidelines, the medical necessity of this request is not established. Recommend non-certification.

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

The previous adverse determinations are upheld and agreed upon. The claimant is not indicated for a new prosthesis at the present time. The current prosthesis issues are directly caused by amputation site problems. The amputee has a hypersensitive suture line with two neuromas. He also has a distal tibia bone spur. These issues will affect any prosthesis that he uses. At the present time, the claimant is not interested in surgical revision of his amputation. I would recommend modification of the current prosthesis, instead of a new prosthesis. Therefore, after reviewing the medical records and documentation provided, the request for Outpatient right lower extremity prosthetic modification consisting of replacement socket, two (2) test sockets, one (1) addition total contact, one (1) endoskeletal system ultra-light material, one (1) acrylic socket, one (1) molded distal cushion, two (2) custom fabricates socket inserts, two (2) suspension/sealing sleeves, six (6) multiply socks, six (6) single ply socks is non-certified, denied.

Per ODG:

<p>Prostheses (artificial limb)</p>	<p>Recommended as indicated below. See the Knee Chapter. 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 foot prostheses; Proprio-Foot (Ossur); & Tensegrity prosthetic foot.</p> <p>Criteria for the use of prostheses: A lower limb prosthesis may be considered medically necessary when:</p> <ol style="list-style-type: none"> 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.
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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**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL 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)**