

Envoy Medical Systems, LP
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IRO Certificate #

DATE OF REVIEW: 8/20/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
DME, Left Knee Immobilizer, post op (H830)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

Upheld	(Agree) <u>X</u>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

I have been able to review the information forwarded to me on patient. Use of post operative knee immobilizer has been denied as being medically unnecessary. Ms is a xx year old female; she underwent a left knee ACL reconstruction in October, 2001, after a work injury in. Patient had an uncomplicated surgical procedure. She was noted to have a partial lateral meniscectomy. She did develop post operative significant stiffness.

Patient was found to be at maximum medical improvement in August, 2002. She had a 13% impairment rating due to muscle weakness and stiffness. A follow up MRI in August, 2002, showed healed ACL graft. X-rays taken at that time also showed new evidence of arthritis.

Patient was then seen for a required medical examination in March, 2015. felt she had post traumatic arthritis and recommended an updated MRI and X-ray.

Patient then presented in June of 2015 with left knee pain and instability. He diagnosed her with stiffness and post traumatic arthritis. He recommended a cortisone injection which was performed and started her on Mobic. An MRI was ordered.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

An MRI of the left knee performed June, 2015, shows well positioned ACL reconstruction which was intact. No meniscus tears noted. She had grade 2/3 chondromalacia of the patella femoral joint. There was a 6cm Baker's Cyst.

recommended she undergo left knee arthroscopy, debridement, manipulation under anesthesia and requested a post operative knee immobilizer and mechanical DVT prophylaxis.

Two different reviewer's denied the post operative knee immobilizer as being medically unnecessary.

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

Opinion: I agree with the benefit company's decision to deny the requested service. Rationale: Based on the medical records reviewed as well as my experience in orthopedic surgery, I agree that the use of a knee immobilizer after knee arthroscopy and manipulation under anesthesia is not medically necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)