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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/13/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: DME Partial foot, molded socket, tibial tubercle height with toe filler, addition endoskeletal system below knee, ultralight material - titanium carbon, fiber or equal.addition to lower extremity, below knee acrylic socket, addition to lower extremity, socket insert below knee, kemblo, pelite, aliplast, plastazote or equal. Gradient compression stockings, below knee 18-30mmhg each. 6 prostetic sock. multiple below knee each.

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for DME partial foot, molded socket, tibial tubercle height with toe filler, addition endoskeletal system below the knee, ultralight material, titanium carbon, fiber or equal, addition to lower extremity, below knee acrylic socket, addition to lower extremity, a socket insert below the knee, (kemblo, pliete, aliplast, plastazote or equal), gradient compression stockings, below the knee, 18-30mm MMHG each, (6) prosthetic sock, multiple below the knee each is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is an individual. On 06/09/15, the patient was seen in clinic. He was requesting a new prosthesis or artificial limb orthotic stating the current one he was using was 15-18 months old. He stated the PHAT brace did not work for him as he had a heavy duty matrix and was wearing it with running or high activity. His amputation level was a partial foot. Wearing time of his prosthesis was stated to be more than 8 hours, and he was not using assistive devices. Objectively, he had an unassisted unsteady gait without contractures. Sensation was normal in the non-amputated extremities and allodynia in the plantar surface was also noted. It was noted he was a K4 functional level with abilities above normal ambulation with recreational sports ambulation. A carbon fiber foot plate with a custom toe filler, bilateral custom insert and compression hose for foot was recommended. He was released to return to work without restrictions. He was functioning at a medium heavy demand level. On 07/31/15, a letter was submitted noting the patient had a partial foot prosthesis with a couple of parts to it and his shoe insert had worn out. It was noted he had used it since October of 2014 and it was not reparable. It had odor and it was worn out. A replacement was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 07/07/15, a peer review report was

submitted noting there was an absence of documentation that the patient could not utilize current artificial limb or that the PHAT brace could not be repaired or modified to decrease the skin breakdown. It was noted the patient was able to function with apparently no restrictions. It was noted the requested endoskeletal system below the knee, was also not supported as there was an absence of documentation that the patient could not utilize the current artificial limb or the PHAT brace could not be repaired or modified to decrease the skin breakdown. Additions were also not supported as being medically necessary for the same rationale. On 07/09/15, a utilization review letter non-certified the request. On 07/17/15, a peer review was performed noting the request for additional DME including partial foot, mold and socket, additional endoskeletal system below the knee, and supplies was not supported. Evidence that the current prosthesis could not be modified to decrease any associated skin breakdown had not been documented and it was noted the patient was indicated to have full function with the current prosthesis. Therefore the request was non-certified. The records submitted for this review include a 06/09/15 progress note which shows a new prosthetic prescription was submitted for custom inserts as the patient reported stretch cracks in the matrix. It was noted that he was a K4 functional ambulator at that time, and functioned at a medium heavy demand level and had been released to return to work without restrictions on 06/09/15. Therefore the medical necessity of the requested DME has not been provided for review. It is the opinion of this reviewer that the request for DME partial foot, molded socket, tibial tubercle height with toe filler, addition endoskeletal system below the knee, ultralight material, titanium carbon, fiber or equal, addition to lower extremity, below knee acrylic socket, addition to lower extremity, a socket insert below the knee, (kemblo, pliete, aliplast, plastazote or equal), gradient compression stockings, below the knee, 18-30mm MMHG each, (6) prosthetic sock, multiple below the knee each is not medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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)