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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice:

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Purchase of Left Z-12 knee brace

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)

Patient Clinical History (Summary)

The patient is a male who reported injury on XX/XX/XX. The mechanism of injury was when a 30 gallon bucket of chemical struck his knee. Surgical history includes open reduction internal fixation of the left tibia, performed on XX/XX/XX. X-ray of the left knee, performed on XX/XX/XX, revealed expected postoperative change status, post anterior cruciate ligament repair. On XX/XX/XX, the patient reported having subluxation episodes at work when he is moving about, particularly pivoting or lifting heavier items. The patient reports pain in his knee. Climbing ladders and stairs are also still aggravating. The patient continued to perform his exercises on his own, and reported he was comfortable with a home exercise program. Physical exam revealed his incisions had healed. The patient had no visible swelling, no palpable effusion. The patient had a grade 1.5 to 2 Lachman, grade 1 anterior drawer, negative posterior drawer, no opening with varus or valgus stress. The physician further reported the patient fracture was healing, but there was evidence that his ACL was incompetent in spite of repairing the fracture. The physician reported it was likely the ACL was stretched prior to the bone giving way. The patient was recommended an ACL brace to help stabilize his knee against those instability episodes, and to improve his ability to work. The physician reported the rationale for ACL brace is to brace the patient's instability, not prevent further injury. An x-ray of the left knee, performed on XX/XX/XX, revealed changes of ACL repair present. Small joint effusion present. A postoperative soft tissue thickening noted along the anterior knee. No acute fracture, dislocation or bone destruction evident. The prior request was denied based on the radiologist clearly indicated evidence of a prior ACL reconstruction of the left knee. It is unclear if a previous ACL reconstruction had been completed on the contralateral side. When noting that the injured worker previously had a brace, and

had been noncompliant with that brace, as well as a history of previous ACL reconstruction on the knee at an undisclosed date, the requested additional brace was considered not medically necessary.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical note dated XX/XX/XX, the patient complained of subluxation episodes at work when he was moving about, particularly pivoting or lifting heavier items as he gets some pain in his knee. Based on the operative report dated XX/XX/XX, the patient underwent arthroscopically assisted open reduction, and internal fixation of left tibial eminence fracture. An x-ray dated XX/XX/XX revealed expected postoperative change status post ACL repair. Based on the clinical report dated XX/XX/XX the patient fracture was healing. However, there was evidence the ACL was incompetent in spite of repairing the fracture. The Official Disability Guidelines recommend knee brace may be appropriate in patients who meet specific criteria to include, knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, and/or avascular necrosis. Based on the clinical records submitted for review, the patient complained of knee instability (subluxation episodes), and the operative report indicated the patient underwent ACL repair with x-rays confirming ACL repair. Given the patient fracture had healed, he completed a course of physical therapy, was compliant with a home exercise program, and evidence the patient demonstrated improvement in function by being able to return to work, the request for knee brace is medically necessary. Additionally, assessment of patient knee stability with knee brace is medically indicated in order to assess medical necessity for probable future ACL knee repair. Given the above, the request for Purchase of Left Z-12 knee brace is medically necessary. Therefore, the previous determination is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)