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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/31/2016

Review Outcome:

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

Physical Medicine And Rehabilittation

Description of the service or services in dispute:

ExoSym/IDEO brace purchase for left ankle

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 an injury on XX/XX/XX due to a motor vehicle accident. His diagnoses include right great toe fracture, neuritis of the left foot, and chronic left ankle pain. Past treatments were noted to include medications, topical creams, postoperative physical therapy, and surgery. His pertinent surgical intervention included a subtalar joint injection and right great toe open reduction and internal fixation performed on XX/XX/XX. A Letter of Medical Necessity dated XX/XX/XX noted the patient has undergone multiple procedures due to severe ankle fracture to include an ankle fusion. The patient was prescribed an ExoSym orthosis to address the significant lower extremity weakness and pain with resultant lack of functionality at the ankle level. The provider noted the patient has lack of increased function and decreased mechanical pain with associated orthopedic weakness. The ExySym is designed to help off load the orthopedic injury, eliminate pain, and provide dynamic power through carbon fiber energy storage similar to a prosthetic device. The provider also noted with the device, the patient's potential to return to full duty is exponentially greater than any other orthotic interventions currently available.

On XX/XX/XX, the patient presented for followup evaluation for his left foot subtalar joint pain after ankle arthrodesis on XX/XX/XX. The patient underwent ST joint, which provided 2 days of relief. The patient rated his current pain at a 4/10. The patient reported that 4 weeks of physical therapy made his condition worse and he is no longer able to swim or ride his bike. The patient was recently provided meloxicam. The patient utilizes an athletic shoe. The physical examination of the left ankle revealed pain along the medial and lateral ankle. There was also pain in the left foot in moderate degree on palpation at the medial and lateral subtalar joint. Range of motion of the subtalar joint was noted to be normal without crepitation. There was also no pain with midfoot grind. The treatment plan included prescription for gabapentin, continuation of meloxicam, and recommendation for ExoSym as the patient has tried CAM boots, ankle brace, and orthotics without success.

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

According to the Official Disability Guidelines, intrepid dynamic exoskeletal orthosis may be recommended after lower extremity trauma if it is accompanied by the specialized IDEO rehabilitation training program as it supplies energy storage and return capabilities that an injured ankle is no longer able to provide. Moreover, guidelines state that the IDEO returns considerable functionality to patients that have undergone ankle fusion procedures and enables many patients with nerve and muscle loss to forgo ankle fusion or tendon transfers. The patient was noted to be status left subtalar arthrodesis on XX/XX/XX. However, there was lack of clinical documentation indicating the patient would be participating in an IDEO approved rehabilitation training program in adjunct to his exoskeletal orthosis as recommended by the guidelines. Based on the above, the denial for an Exo/Symmetrical brace purchase for the left ankle remains upheld.

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 AHCPR-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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)