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An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: Jan/08/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Tens unit rental for 3 months, Conductive garment purchase, Off the shelf prefabricated knee brace

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, 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. Given the lack of supporting data regarding the need for a TENS unit, the request is not indicated. Furthermore, given the non-certification of the TENS unit, the additional request for a conductive garment purchase is rendered non-certified. Also, Given the lack of information regarding the patient's current clinical status confirming the need for a pre-fabricated knee brace, the request is not indicated as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his left knee. The physical performance summary report dated XX/XX/XX indicates the patient complaining of ongoing left knee pain that was rated as 6-9/10. Upon exam, the patient was able to demonstrate 0-115 degrees of range of motion at the left knee. The note indicates the patient able to demonstrate a light physical demand level whereas his occupation as a pipe fitter requires a medium physical demand level. The clinical note dated XX/XX/XX indicates the patient complaining of ongoing left knee pain. The patient reported swelling, locking, and catching. The patient rated the pain as 7/10 at that time. The MRI of the left knee dated XX/XX/XX revealed a meniscal tear at the posterior horn of the medial meniscus. A small bucket handle tear was also identified at the junction between the anterior horn and body segments. Small knee effusion was further revealed. The therapy note dated XX/XX/XX indicates the patient having completed 9 physical therapy sessions to date. The clinical note dated XX/XX/XX indicates the patient utilizing Advil for ongoing pain relief. Upon exam, moderate effusion was identified at the left knee. The patient was identified as having an antalgic gait. The patient was able to demonstrate 5-100 degrees of range of motion at that time. A positive McMurray's along with popliteal fossa tenderness was identified. The operative note dated XX/XX/XX indicates the patient undergoing a meniscal repair at the left knee. The clinical note dated XX/XX/XX indicates the patient continuing with complaints of left knee pain with swelling and weakness. The patient was recommended for a knee brace at that time. The clinical note dated XX/XX/XX indicates the patient undergoing postoperative physical therapy. The patient reported an increase in pain as well as a grinding sensation at the left knee. The patient reported an increase in swelling upon completion of each of the therapy sessions.

The utilization reviews dated XX/XX/XX and XX/XX/XX resulted in denials as insufficient information had been submitted supporting the need for a knee brace, a TENS unit, or the

use of a conductive garment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient having undergone a meniscal repair at the left knee. The use of a TENS unit at the knee is recommended for patients who are involved in a therapeutic exercise program for findings consistent with osteoarthritis. No information was submitted regarding the patient's significant findings confirming the presence of osteoarthritis at the left knee. No high quality studies have been published in peer reviewed literature supporting the use of a TENS unit as part of the postoperative care following a meniscal repair. Given the lack of supporting data regarding the need for a TENS unit, the request is not indicated. Furthermore, given the non-certification of the TENS unit, the additional request for a conductive garment purchase is rendered non-certified. The use of a pre-fabricated knee brace is indicated for patients who have demonstrated significant instability, ligament insufficiency, as part of postoperative care for a reconstructed ligament, or findings consistent with articular defect or avascular necrosis have been identified or the patient has undergone a meniscal repair with ongoing instability. No information was submitted regarding the patient's significant findings confirming the need for a postoperative knee brace as no instability was identified. No information was submitted regarding the patient's significant functional deficits outside of the expected postoperative findings. Given the lack of information regarding the patient's current clinical status confirming the need for a pre-fabricated knee brace, the request is not indicated as 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 KNOWLEDGBASE

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