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An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 12/26/2017 11:26:41 AM CST

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 3n1 commode chair

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery
REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as the patient fell while XXXX and landed on XXXX right knee. The patient underwent right patellofemoral replacement on XXX. On XXX, the patient obtain CT scan of the right knee to compare with right knee radiographs from XXX. The findings demonstrated unicompartamental patellofemoral arthroplasty with no CT evidence of complications. The patient had no fluid collections or osteolytic lesions identified about the right knee with no acute fracture or dislocation. On XXX, the patient was seen again regarding right knee pain, instability limited functioning. XXXX pain level at that time was a 6/10 with the patient describing more pain during ambulation and activities of daily living. XXXX had undergone 4 prior right knee surgeries to include arthroscopy with debridement, drilling, cadaveric osteochondral graft placement and the patellofemoral replacement. XXXX current medications included Ultram, Lortab, Xanax, metformin and tramadol. On physical examination, the patient had an antalgic gait, positive effusion, positive crepitus in addition to patellar grinding test and tenderness at the medial joint line. XXXX also had positive McMurray's test with range of motion on the right 5/80° compared to the left is 0/120°. Right knee x-rays identified the patient was status post patellofemoral replacement with medial compartment osteophytes consistent with posttraumatic arthritis of the medial compartment. The physician stated that the patient would benefit from total knee replacement surgery. In addition to the surgery, the physician was requesting postoperative durable medical equipment to include a walker, quad cane and a 3 in 1 commode. On

XXXX, the request for right total knee replacement was denied with the rationale stating that the records did not establish if the patient had failed to respond to injections of the knee as recommended by current evidence-based guidelines prior to consideration of total knee arthroplasty. In addition, the XXXX report did not provide documentation of the patient's height and weight as measured during the examination. It was unclear the patient's body mass index was currently less than 40 as required by the guidelines for consideration of total knee arthroplasty. Furthermore, the recent CT scan report clearly noted that there was no significant joint space narrowing. Guidelines require imaging evidence of significant loss of chondral clear space. With the primary surgery having been denied, the ancillary request for a 3 in 1 commode was likewise not warranted. An appeal for the right total knee replacement was denied on XXXX. The rationale stated that they did not appear to be additional documentation submitted to support the request. There was a lack of evidence confirming that the patient failed conservative treatment to include physical therapy, nonsteroidal anti-inflammatory drugs and Visco supplementation injections or steroid injections to the knee joint. In addition, there was a lack of imaging evidence of the patient having loss of chondral clear space on standing x-rays of the knee and no mention of the patient having significant functional limitations due to the reported symptoms of the right knee joint. This request pertains to a 3 in 1 commode.

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

According to the Official Disability Guidelines, the specimen toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. In the case of this patient, the physician was requesting a 3 in 1 commode which was indicated as an ancillary service to the patient potentially undergoing a right total knee arthroplasty. However, twice previously, the primary surgical procedure was denied with no need for the patient to receive the ancillary services. There was no additional clinical documentation submitted for review to verify that the patient had been authorized for the arthroplasty, and no indication that the patient would require the 3 in 1 commode without evidence that the patient had substantial difficulty ambulating and utilizing a traditional toilet. Based upon this lack of information, the current request is not supported and the prior determination is upheld. As such, in accordance with the previous denial, the request for 3 in 1 commode chair is non-certified.

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

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
 - ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
 - ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
 - ☐ MILLIMAN CARE GUIDELINES
 - ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
 - ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
 - ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
 - ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
 - ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
 - ☐ TEXAS TACADA GUIDELINES
 - ☐ TMF SCREENING CRITERIA MANUAL
- Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Knee and Leg Chapter, Durable medical equipment (DME).