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### 12/19/2017

## IRO CASE #: XXXX

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Walker and quad cane

# A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD,

Board Certified Orthopedic Surgeon

#### **REVIEW OUTCOME:**

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

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a XXXX whose date of injury is XXXX. The patient fell while walking in a parking lot. The patient had four prior right knee surgeries including a patellofemoral joint replacement in XXXX. The patient had an eventual diagnosis of right knee posttraumatic degenerative joint disease with partial knee replacement. CT of the right knee dated XXXX revealed unicompartmental patellofemoral arthroplasty with no CT evidence of complications, any fluid collections or osteolytic lesions, no acute fracture or dislocation. Office visit note dated XXXX indicates that the patient presents with right knee pain, instability and limited function. Treatment to date includes surgical intervention, activity modification, medication management, bracing and therapy. Current medication is Ultram. On physical examination gait is antalgic. There is no varus or valgus deformity. McMurray's is positive. Lachman's, anterior and posterior drawer are negative. Sensation is intact. The patient was recommended for total knee replacement surgery with postoperative DME including walker, quad cane, 3 in 1 commode, and postoperative mechanical DVT prophylaxis as well as postoperative therapy.

The initial request for walker and quad cane was non-certified noting that the patient does not meet guideline criteria for total knee replacement. As such, a postoperative walker and postoperative cane is not indicated. The denial was upheld on appeal noting that there was a concurrent request for surgery to the knee which was denied. There was no medical reason or reason of necessity given as to why the patient would benefit from the use of a cane and walker. An email from the patient dated XXXX indicates that XXXX is begging for a total knee replacement so XXXX can "be normal again and not fall all the time."

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

Based on the clinical information provided, the request for walker and quad cane is not recommended as medically necessary, and the two previous denials are upheld. The previous denials were based on the fact that the request is for postoperative cane and walker, and the requested surgery had been non-certified. There is no indication that the patient has been authorized for surgery or undergone surgery. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

# 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
- □ 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
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- □ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- X 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)

Official Disability Guidelines Treatment Index, 22nd edition online, 2017-Knee and Leg Chapter updated 11/15/17

Walking aids (canes, crutches, braces, orthoses, and walkers) Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative

evaluation of the walking aid. (Van der Esch, 2003)

See also Trekking poles; U-Step walker.

There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004)

Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. (Reeves, 2011)