

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO: 453-04-1804.M2

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1729-01
IRO Certificate Number: 5259

November 17, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

___ injured his knee in ___. At that time, he suffered both medial and lateral meniscal tears as well as an ACL rupture. This was surgically repaired and reconstructed. It is fair to say throughout the ensuing 10 years, this patient has had intermittent problems with his knee. ___ has opined instability. Repeat surgical intervention occurred on

7/15/03. This involved a synovectomy, a tightening of the ACL ligament as well as chondroplasty. ___ postoperatively has recommended a "custom" ACL brace. Under a pre-authorization process, this has been denied as unnecessary medical treatment.

REQUESTED SERVICE(S)

Medical necessity of the proposed purchase of a "custom" knee brace.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical literature supports knee bracing for ACL ligament injuries. There does not appear to be a question of the necessity of a knee brace; merely a question of the indication or necessity of a "custom" knee brace.

Based on medical necessity, a brace is reasonably needed. ___ 8/22/03 note states that an off-shelf brace has been prescribed. He states the patient complains it is bulky and uncomfortable. Typically, this is not the experience with knee braces; therefore, this brace may need to be modified or returned if in fact it does not fit correctly.

Medical literature supports that there is no brace on the market that is superior to any other with regard to stability for the knee. The "custom" braces when tested for instability provide no more or less support than off-the-shelf bracing.

There is nothing in the medical notes per ___ that suggest this gentleman's body habitus or anatomy of the leg requires custom bracing. Hence, custom bracing is not a medically necessary treatment.

The opinions rendered in this case are the opinions of the evaluator. This evaluation has been conducted on the basis of the medical documentation provided with the assumption that the material is true, complete, and correct. If more information is available at a later date, then additional services, reports, or reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment from the documentation provided.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of November 2003.