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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO
REVIEWED THE DECISION: X**

REVIEW OUTCOME:

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

- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a. The diagnosis was complete traumatic amputation at level between knee and ankle, left, subsequent encounter (X); encounter for fitting and adjustment of complete left artificial leg (X); amputation stump pain (X), and amputee gait (X). On X, X was seen in follow-up by X, MD with the chief complaint of pain in socket, redness / skin breakdown, loss of suspension, gait deviations, difficulty ambulating with prosthesis. X presented with left below-knee amputation (BKA) on X. X had multiple injuries including X. X reported X had been having significant pain on the residual limb. X reported excessive pressure over the anterior bony area where X shin bone "turns." X stated the area was swollen and painful. X also got pressure on the side of X knee with redness to the skin. X reported kneecap pressure in the front. X stated X had to limit X ambulation due to pain. X also reported that the X. Of note, X had gained approximately X pounds since the X was made. X was previously using a X. At the time, X had returned to pre-injury weight. X worked full time in a X. There was a lot of standing involved. X was more active than before and enjoyed work; however, X had to X. X enjoyed taking X dog for a walk and did chores at home. X enjoyed going out into the community, going

shopping, going to eat out with friends, going to the movie, and going to sporting events. at the time, X complained of X. On examination, X had a low voice, raspy due to X. The skin revealed redness over mid tibia with bruising, medial condyle with skin breakdown and redness over bony areas of condyles. Musculoskeletal examination revealed X. There was mild tenderness to palpation. Gait was antalgic with uneven step length. X had a X. X was a X. This was typically a community ambulator, able to change walking speeds, who also had the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demanded prosthetic use beyond simple locomotion. Dr. X assessed that X complained of X. X. X had weight changes approximately X pounds. X reported excessive pressure over the anterior bony area where X shin bone “turns.” X stated the area was swollen and painful. X also got pressure on the side of X knee with redness to the skin and reported kneecap pressure in the front. X stated X had to limit X ambulation due to pain. Further adjustment / modifications to the socket would not assist in optimizing fit and function. X had already been modified to its capacity. X would accommodate anatomical anomalies, increase muscle movement, reduce energy consumption, improve suspension, optimize pressure distribution, increase prosthetic control, donning and doffing assistance, improve medial / lateral stability, improve proprioception, reduce skin abrasions, increase weight bearing, increase stability, and decrease discomfort. Therefore, Dr. X recommended X. A prescription was written for X. Regarding X pain, Dr. X recommended X. Dr. X requested a X: A

X would allow X to ambulate safely. X was motivated and willing to use a X. X had residual limb changes and had skin breakdown. There was a history of X. X was experiencing pain, which limited wearing from orthopedic issue. X had experienced weight changes. The X would present overuse issues on contralateral limb. A X would allow X to perform all necessary activities of daily living. X was a X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "'ODG by MCG Last review/update date: X: X." The patient has been evaluated due to gaining additional weight and returning to the pre-injury weight. The patient is no longer able to modify the X. Per the patient's physical therapist, X, on X, the patient's foot is X category too low and soft. The request for a X is warranted; however, it remains unclear if this is an additional request or if the same request from X was resubmitted, as the patient does have previous approval for a X. This information is not included in the medical record, so it is unclear if this request is necessary as the patient has an X. As such, the request for X is not medically necessary and not medically necessary. Therefore, the request for X is non-certified. "An appeal letter dated X, by X, X, was documented and noted, "This letter is to appeal your adverse decision and denial for a X. X suffered a X along with multiple other injuries. X has done great in X recovery. Returning to work full time and is active in the community. A Functional X. X is currently having problems with X. The socket does not fit well, X lock is broken, and the foot is too soft for X. X had lost lots of weight due to X injuries and now has gained X pounds and X foot is X category too low. Dr. X of the X. X

has written a prescription for a X. See attached Rx and clinic note. It seems as though the denial was based on a clerical error and confusion about what was being requested. Dr X clinic note clearly describes the medical necessity for a X. X has not received a X. Please review this request for a X so X can continue X new normal life as X has grown accustomed. "Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. Rationale: "The request is not medically necessary. In this case, it remains unclear if this is an additional request for another X. Moreover, it is unknown why a X was not obtained at the time of the previous approval and why another request is being made at the point. Therefore, the request for Appeal X is not medically necessary. Based on the submitted documentation, the requested X is not medically necessary. The submitted records indicate that the patient was previously approved for a X. It is not clear as to why the patient needs another X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified

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

Based on the submitted documentation, the requested X is not medically necessary. The submitted records indicate that the patient was previously approved for a X. It is not clear as to why the patient needs X. No new information has been provided

which would overturn the previous denials. X is not medically necessary and non-certified
Upheld

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)