Appeal Type: Durable Medical Equipment	**Appeal Category:** Knee Brace
Case Number: 0100073	**Appeal Decision:** Upheld
Case Summary: Requesting coverage for "The Patriot" knee brace. The doctor has ordered no substitutions and there is only one manufacturer of this particular knee brace.	**Reason for Decision:** External review agency determined that since the knee brace was not approved by the health plan and since there are other similar knee braces that are approved by the health plan, then "The Patriot" is not medically necessary and therefore not a covered benefit.

Appeal Type: Durable Medical Equipment	**Appeal Category:** Electric Bone Growth Stimulator
Case Number: 0100112	**Appeal Decision:** Upheld
Case Summary: Patient has ankle complications. Requesting coverage for electric bone growth Stimulator to aid in the healing process. Patient is already using the device.	**Reason for Decision:** External review agency determined the patient's conditions do not meet the health plan's requirements for coverage and no info or studies could be found that show this device has positive effects on this condition. Therefore, the EBGS is not a covered benefit.

Appeal Type: Durable Medical Equipment	**Appeal Category:** Electric Bone Growth Stimulator
Case Number: 0100123	**Appeal Decision:** Upheld
Case Summary: Patient has been using electric bone growth stimulator and it has been working. Requesting retroactive coverage for the device.	**Reason for Decision:** External review agency determined that the findings did not show this device to be medically necessary since the diagnosis is inconclusive. Therefore, it is not a covered benefit.

Appeal Type: Durable Medical Equipment	**Appeal Category:** Ultraviolet Light Phototherapy (UVB)
Case Number: 0100130	**Appeal Decision:** Overturned
Case Summary: Patient has psoriasis and is requesting coverage for an ultraviolet light phototherapy home unit.	**Reason for Decision:** External review agency determined the recommended alternatives suggested are "poor medicine" and the proper treatment includes steroid cream and phototherapy, which in this case, has already been proven effective.

Appeal Type: Durable Medical Equipment	**Appeal Category:** "The Vest" Airway Clearance System
Case Number: 0100160	**Appeal Decision:** Upheld
Case Summary: Case involves two young girls (sisters) with cystic fibrosis. Parents request coverage for The Vest as treatment. The health plan suggested home chest physical therapy which would be covered under their plan.	**Reason for Decision:** External review agency determined there is no documented evidence that this device would be more effective than other means. Therefore it does not meet medical necessity criteria and is not a covered benefit.