

REVIEWER'S REPORT

DATE OF REVIEW: 04/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total knee arthroplasty, left

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of injured individuals as well as individuals suffering osteoarthritis

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Records from Treating Doctor from 1/8/2007 through 3/5/2007
2. MRI Right Knee 1/9/2007
3. URA notices from Forte' February 15, 2007 through February 28, 2007
4. ER notes from by PAC

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffering osteoarthritis of both knees fell from a height of approximately 5 feet, suffering an injury to his right knee. The MRI scan of both knees performed on 01/09/07 confirmed significant tricompartmental osteoarthritic changes of the knees. Previous injury resulted in an injury to the left knee and an arthroscopic procedure performed. After evaluation it was felt that the only reasonable treatment of the patient's current medical condition was total knee arthroplasty bilaterally, beginning with the left knee as it was the most symptomatic.

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

It would appear that this individual is nearing the end stages of osteoarthritis. The previous injuries did not produce the osteoarthritis of each knee. The injuries resulted in an acute worsening of symptoms of pre-existing conditions. At the present time, the

patient would not be preauthorized for total knee arthroplasty under the Workers' Compensation circumstances. He has not received a full complement of non-operative treatment regimens.

Clearly, the patient is headed for total knee arthroplasties in the future. Whether or not these surgical procedures will be authorized on the basis of worsening of pre-existing conditions should be determined by the Workers' Compensation insurance carrier and the Texas Department of Insurance.

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

(Check any of the following that were used in the course of your review.)

- 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.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)