

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

AUGUST 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Knee Arthroplasty

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr., 10/27/04
Right knee MRI, 01/25/05, 02/17/05 and 10/05/06
Operative report, 02/03/06
Office notes, Dr., 06/28/06 and 11/07/06
Office notes, Dr., 07/1/106 and 07/23/06
Office notes, Dr., 10/31/06 and 02/08/07
Office notes, Dr., 1105/06 and 12/07/06
Letter of denial, 11/15/06 and 05/09/07
Office note, Dr., 04/25/07
Peer review, Dr., 05/09/07
Note, Dr., 05/31/07
Letter of denial, 05/3/107

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who worked as a and was injured in a MVA on xx/xx/xx. She had x-rays on 10/27/04 of the right knee that did not show any significant degenerative change. An MRI of 01/25/05 documented a tear of the medial meniscus and records indicated that she had a right knee arthroscopy in 02/05. Another right knee arthroscopy with medial meniscectomy and chondroplasty of the medial femoral condyle was undertaken o 02/03/06.

Records showed that after the second surgery her pain continued. She reported that the right knee gave way on 04/12/06 causing her to fall. She was seen on 07/11/06 by Dr. Treatment had consisted of therapy and injection. Motion was limited but there was no effusion.

A 10/05/06 MRI of the right knee showed a complex tear and advanced maceration and thinning of the entity of the medial meniscus. There was cartilage loss of the patellofemoral compartment with osteochondral defects of the dorsal margin of the patella with extensive subchondral edema. There was moderately advanced cartilage loss along the femoral aspect of the joint space and moderate effusion. Severe cartilage loss of the medial compartment with moderately large amount of subchondral edema and mild to moderate overgrowth of the distal femur as well as proximal to the tibia medially was seen. There was minimal lateral compartment cartilage loss.

On 10/31/06 Dr. evaluated the claimant for persistent pain, swelling, locking and giving way. Motion remained limited and there was crepitus, nostalgic gait and effusion. He recommended medication and noted that surgery was pending. Repeat arthroscopy was denied on per review.

Dr. evaluated the claimant on 04/25/07 for her right knee pain. X-rays showed endstage narrowing of the medial compartment with degenerative changes of the patellofemoral and lateral compartments as well. The impression was post traumatic osteoarthritis and total knee was recommended as she had failed medication, cane ambulation, therapy and bracing. This has been denied on review as she did not meet ODG criteria.

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

The item in dispute is right knee arthroplasty. The diagnosis is degenerative joint disease of the right knee. Medical records were reviewed which show that the Ms. is a woman who is 5'6" and 221 pounds with a BMI of 34.5. This would fall within the category of obesity. Given that she is under the age 50 and has BMI of 34.5 and the fact that x-rays do not demonstrate clear bone on bone arthritis on standing x-rays and there is no documentation of standard routine conservative measures offered in the form of cortisone injections to decrease inflammation or Visco supplementation to decrease arthritic complaints, the reviewer cannot recommend the right knee arthroplasty as medically necessary or reasonable.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Knee

ODG Indications for Surgery™ -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Medications. OR Visco supplementation injections. OR Steroid injection. PLUS

2. Subjective Clinical Findings: Limited range of motion. OR Night-time joint pain. OR No pain relief with conservative care. PLUS

3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35. PLUS

4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy.

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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)