

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0310

Notice of Independent Review Decision

DATE OF REVIEW:

AUGUST 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient Rt. TKA

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

Right knee note, 01/05/06
Office note, Dr. 10/10/06
Right knee MRI, 10/18/06
Office notes, Dr. , 10/23/06, 11/17/06, 01/12/07 and 02/26/07
Prescription for therapy, 03/27/07
Operative report, 04/05/07
Physical therapy notes, 04/30/07, 05/04/07
Office note, Dr. , 06/27/07
Denial noted, 07/05/07 and 08/02/07
Note, Dr. , 07/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female injured when she fell on both knees. X-rays of the right knee on 10/05/06 showed a tiny spur of the tibial spine but were otherwise normal.

On 10/10/06 the claimant saw Dr. On examination there was right knee effusion with medial joint line tenderness and a positive McMurray. An injection was given.

The right knee MRI from 10/18/06 showed a medial meniscus tear and diffuse bone bruising of the medial femoral condyle with an associated osteochondral fracture. She was treated conservatively and showed some improvement. By 02/26/07 however she had more pain. The knee was aspirated and injected without benefit. On 04/05/07 the claimant underwent arthroscopy of the right knee with a partial medial meniscectomy. Grade II changes of the medial femoral condyle and Grade IV of the tibial plateau were seen. Postoperatively the claimant was referred for therapy but did not improve.

On 06/27/07 Dr. evaluated the claimant. She limped, had difficulty with stairs and difficulty walking. On examination there was medial joint line tenderness and motion of 5-120 degrees. He noted that the claimant was 5'00' and 170 pounds. X-rays were reported to show medial compartment degenerative changes with avascular necrosis of the medial femoral condyle. Total knee was recommended. The surgery has been denied based on a lack of BMI and evidence of conservative treatment.

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

On review of the medical records, the Reviewer did not see documentation of conservative measures rendered. The claimant underwent arthroscopic debridement on 04/05/07 just four months ago and is still in the postoperative rehabilitation process. There is no documentation of conservative measures, post-surgically, in the form of an aspiration or cortisone injection. There is no documentation of Visco supplementation with Supartz or Synvisc or Orthovisc or one of the similar Visco supplementation supplies. She is taking Aleve. There is no documentation of response to post op physical therapy following the arthroscopy to aide with her ambulation. Radiographs do not show evidence of end-stage degenerative joint disease. The arthroscopic images clearly show degenerative change of the tibial plateau on one side of grade IV with grade II on the other side. Based on all of the above, the surgery cannot be recommended as reasonable or necessary at this juncture.

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

ODG Indications for Surgery™ -- Knee arthroplasty:

Criteria for knee joint replacement

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)