



REVIEWER'S REPORT

Date of Review: 12/30/07

IRO Case #:

Description of the service or services in dispute: Total Knee Arthroplasty

Qualifications: MD degreed Orthopedic Surgeon with extensive experience in the evaluation and treatment of patients suffering osteoarthritis of the knees.

Review Outcome:

upheld (agree)
 overturned (disagree)
 partially overturned (agree in part/disagree in part)

Information provided for review:

1. TDI assignment forms and records
2. URA letters of denial
3. Company request
4. Physician records 5/23/07 – 11/19/07
5. Operative report 07/05/07

Injured employee clinical history:

This male was in a motor vehicle accident. The exact mechanism of injury not documented. Arthroscopy left knee was performed 7/5/07 including debridement of the medial and lateral menisci, the medial femoral condyle and tibial plateau. The patient complains of persistent pain, relieved only temporarily with intra-articular corticosteroid injections. His range of motion is documented as being diminished but is, however, functional. The patient ambulates with the assistance of a cane.

Analysis and explanation of the decision:

Technically, this patient satisfies many of the criteria stated in the ODG for the performance of total knee arthroplasty. Over yrs old with diagnosis osteoarthritis. Arthroscopy and chondroplasty were ineffective in alleviating pain. Corticosteroid injections proved to be ineffective for long term relief. However, this patient needs

additional effort to achieve relief of symptoms non operatively. The reviewer finds that the more conservative of the treatments have not been exhausted in this case.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
- X ODG-Official Disability Guidelines & Treatment Guidelines. Page 849
- 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.)