

I-Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: DECEMBER 4, 2007

AMENDED DECEMBER 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total knee replacement, three-day inpatient stay at Foundation Surgical Hospital.

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

M.D., 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer agrees with the treating physician that the patient is a candidate for a left total knee replacement due to the iatrogenic infection that resulted in chondrolysis after a meniscectomy that was performed subsequent to a diagnostic arthroscopy. However, the reviewer disagrees that the patient has had sufficient workup to ensure that there is no residual infection. While the normal sedimentation and C-reactive protein are encouraging and likely indicative of resolution of the infection, the last study concerning the knee itself was a bone scan, which showed active osteomyelitis in November 2006. This reviewer believes that, given the last study within the year was still positive, the denial of the total knee replacement and three-day inpatient stay at Foundation Hospital is upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination Letters dated 10/10/07 and 10/23/07
2. ODG Guidelines
3. M.D., 09/17/06
4. Operative report by M.D. dated 09/19/06
5. Hospital physical therapy notes 09/20/06 and 09/28/06
6. Previous letters of denial dated 02/20/07
7. Bone scan dated 11/07/06
8. Chemistry laboratory reports dated 11/01/06 and 09/24/07
9. M.D., 04/26/07
10. Physical Therapy, 10/20/06
11. M.D. 09/24/07, 06/25/07, 04/23/07, 01/22/07, 10/29/07, 10/17/07, 12/06/06, 11/01/06
12. M.D., 10/11/06
13. M.D., MRI scan 11/17/06
14. M.D., radiology report dated 05/15/06
15. Dr. M.D., radiology report 09/18/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a work-related injury on xx/xx/xx while working as an xxxx for the xxxxxx, xxxxxx. Records indicate that she is 5 feet 7 inches tall and weighs 230 pounds. She underwent diagnostic arthroscopy and was diagnosed with torn meniscus for which she underwent meniscectomy. She had physical therapy prior to undergoing the left knee diagnostic arthroscopy. She underwent multiple debridements and irrigation of the knee. She was last investigated in November 2006 where there was active osteomyelitis seen on the bone scan. When she was seen in June 2007 by Dr., he mentioned that she would need preoperative aspiration to ensure that there was no residual infection. On 10/29/07 she underwent blood work, indicating a sedimentation rate of 9 and C-reactive protein of 0.4, likely indicated that the infection was under control, at least from a systemic point of view.

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

This reviewer agrees with Dr. that this patient is a candidate for total knee replacement due to the "likely chondrolysis" secondary to the sepsis in the knee. Reviewer also agrees that a knee replacement should be performed at least one year post sepsis. This patient was documented to have active osteomyelitis in November 2006 based upon positive imaging studies. In this case, the three-phase bone scan of 11/07/06 indicated active osteomyelitis in the left knee affecting the medial compartment and lateral femoral condyle. There was evidence of uptake not only in the knee joint itself but apparently also within the lateral condyle. A diagnosis of osteoarthritis as opposed to simply intraarticular sepsis was made.

The reviewer believes that the patient has not had sufficient workup to ensure that there is no residual infection. Hence, the denial of the total knee replacement and three-day inpatient stay at Hospital is upheld. While the normal sedimentation and C-reactive protein are encouraging and likely indicative of resolution of the infection, the last study concerning the knee itself was a bone scan, which showed active osteomyelitis in November 2006.

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)