

RYCO MedReview

DATE OF REVIEW: 06/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee arthroplasty with a four day length of stay

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

Board Certified in Orthopedic Surgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with, M.D. dated xx/xx/xx, 09/21/06, 12/07/06, and 01/25/07
An evaluation with, M.D. dated 02/23/07
An evaluation with an unknown provider (the signature was illegible) dated 3/08/07
An MRI of the left knee interpreted by, M.D. dated 03/23/07
An undated preauthorization request from Dr.
A letter of non-certification from, D.O. dated 03/28/07
A letter of non-certification from, M.D. dated 04/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, Dr. recommended possible Synvisc injections or a knee arthroplasty. On 09/21/06, 12/07/06, and 01/24/07, Dr. performed right knee injections. On 12/07/06, Dr. also provided the patient with a sock for her unloader brace. On 02/23/07, Dr. felt the patient was a candidate for knee replacement. An MRI of the left knee interpreted by Dr. on 03/23/07 revealed degenerative changes and marked patellar bursitis. On an unknown date, Dr. requested a right total knee arthroplasty. On 03/28/07, Dr. wrote a letter of non-certification for the surgery. On 04/19/07, Dr. also wrote a letter of non-certification for the surgery.

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

The patient did have what sounds like a pretty severe knee injury with a knee fracture. Based on this, I would state that the patient has undergone all forms of conservative treatment, including therapy, medications, activity modification, cortisone injection, and bracing, and none of these have provided long term relief. Thus, the patient would be a candidate for a total knee arthroplasty. ACOEM and ODG support the use of this for degenerative conditions; however, in this case, this is a posttraumatic injury in a patient with posttraumatic arthritis. Therefore, this is an indication for total knee arthroplasty also.

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 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)