

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

DATE OF REVIEW:
MAY 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right Total Knee Replacement and three days inpatient stay

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)

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

Peer review, Dr., 01/25/07
Peer review, Dr., 03/23/07
X-rays, March
Notes, April 2004, June, Jane, July and September
Right knee MRI
Attended physical therapy, May, June, August and January,
Physical therapy notes, October and November
Behavioral therapy, October and November
Office note, Dr., 01/16/07
Letter from Dr., 03/08/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This laborer reportedly sustained a right knee injury as a result of a motor vehicle accident. The records indicated that the Patient had a fractured patella. Intermittent right knee pain was noted. X-rays showed degenerative changes with narrowing of the medial compartment as well as osteophyte formation of the undersurface of the patella. The Patient was diagnosed with internal derangement of the knee and was treated with medication, physical therapy and was unable to work.

An MRI of the right knee showed a torn posterior horn of the medial meniscus, an old injury to the anterior cruciate ligament and a mild joint effusion with evidence of a prior arthroscopic procedure. It was noted that the Patient had undergone an arthroscopy. No operative reports were provided for review.

The medical records indicated that the Patient continued with right knee pain and attended chronic pain management. In addition, the Patient attended mental health counseling for depression associated with chronic pain. It was noted that the severe pain caused marked impairment in occupational and social functioning.

A physician visit of 01/16/07 revealed the Patient with right knee pain affecting activities of daily living and no relief from the past two surgeries. X-rays of the right knee showed bone on bone changes in the medial compartment with spurring and sclerosis throughout the remaining compartments. The Patient was diagnosed with osteoarthritis and post – traumatic arthritis. The physician noted that the Patient had failed conservative treatments consisting of past injections, therapy and medications. A total knee replacement was recommended.

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

This is a dispute resolution for right total knee arthroplasty. The male had a work-related injury for which he had a fractured patella. He subsequently underwent two arthroscopic procedures in his knee with little relief. He had corticosteroid injections. He has not had visco supplementation therapy, however. Radiographs demonstrate changes consistent with osteoarthrosis of the knee with bone on bone contact. He has an MRI revealing a posterior meniscus tear and an anterior cruciate injury with mild joint effusion and mildly severe degenerative joint disease in knee compartment. Based upon the documentation afforded to me for this review, I recommend a right total knee replacement. While there is no documentation that this Patient has had visco supplementation therapy, there is documentation that the Patient has been afforded anti-inflammatory, physical therapy, activity modification and corticosteroid injections. His body habitus is within acceptable ranges in the general description of the caring physician Dr. as he is physically fit. The Patient does have night pain and he does not have relief with conservative care. In consideration of the Patient's age and radiographic documentation of bone on bone contact, he would likely benefit from a knee replacement. It is unlikely that continuation of conservative treatment would be of any benefit to this gentleman and therefore, a right total knee replacement is recommended.

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
Official Disability Guidelines Fourth Edition Treatment in Worker's Compensation 2006 P. 664
- 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)