

# IRO America Inc.

An Independent Review Organization  
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## IRO REVIEWER REPORT TEMPLATE -WC

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**DATE OF REVIEW:** OCTOBER 22, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Contor MIS MRI right the right knee

**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 MRI, 04/10/07  
Office note, Dr., 05/09/07  
Office note, Dr., 06/13/07  
Progress note, 07/16/07  
Peer review, 08/02/07  
Second denial noted, 09/20/07  
Appeal from Dr., 09/21/07  
No ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female injured. She has had 2 subsequent right knee surgeries since the injury.

The 04/10/07 MRI of the right knee showed right knee subchondral cyst and edema in the medial femoral condyle consistent with probable early osteoarthritis of the tibial plateau. There was a medial meniscus tear or post operative change. Chronic fraying of the medial meniscus was noted. Narrowing of the medial compartment had progressed from 2003. There was possible cartilage thinning lateral compartment and degenerative changes of the lateral patellar facet. The claimant was followed by Dr. who felt that she was a candidate for a ConforMIS interpositional arthroplasty and an MRI has been requested for procedure planning.

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

This MRI cannot be considered as medically necessary. This study has been requested to evaluate the knee more carefully to allow fitting of the interpositional device prior to knee arthroplasty. The ConforMIS interpositional device lacks any support in peer reviewed literature to date in terms of long term efficacy and as such would remain if not investigational at least an unproven procedure and would not therefore be considered as medically necessary. This opinion would dictate that the MRI requested specifically for planning the ConforMIS procedure would likewise not be considered as medically necessary.

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

**ODG Indications for Surgery™ -- Knee arthroplasty:**

**Criteria** for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

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.

**Indications for imaging -- MRI (magnetic resonance imaging):**

- Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation.
- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.
- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected.
- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.

- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).

There is no specific peer review literature available for the ConforMIS device for knee arthroplasty.

**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)