

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

**DATE OF REVIEW: SEPTEMBER 25, 2007**

**IRO CASE #:**

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

Left total knee replacement with 4-day inpatient stay

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

MD, 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**

- \* MD Peer Review [6/21/07, 7/30/07]
- \* MD Peer Review [8/28/07]
- \* MD Evaluation [1/6/06, 5/30/07 with a TWCC-73 form completed that date and a TWCC-73 form from 9/7/07]
- \* MD Evaluation [5/24/99, 6/4/99]
- \* Center – An MRI of the left knee [6/1/99] and physical therapy note [6/10/99]
- \* MD Evaluation [5/20/03]

- \* MD – Evaluation [11/6/03], letter written 6/25/04, letter written 5/5/04, letter written 6/10/04, Evaluation [7/25/05, 8/19/04, 9/9/04, 10/7/04], discharge summary from hospitalization 10/21/04, Evaluation [12/2/04], Evaluation and TWCC-73 form [1/24/05].
- \* MD – Evaluation and TWCC-69 form [4/6/04], follow-up letter [7/20/04], further follow-up letter and TWCC-69 form [10/10/04].
- \* Clinic x-rays of the left knee [1/24/05]
- \* MD Evaluation [10/8/04]
- \* Center surgical pathology from a right total knee replacement [10/21/04]
- \* MD – Evaluation [6/17/02], operative procedure note for a right knee arthroscopy [7/3/02], Evaluation [7/30/02, 8/22/02, 9/24/02, 2/25/03], TWCC-69 form for the right knee injury [2/28/03] and a letter written 8/3/03.
- \* Center – MRI of the right knee [3/29/02]
- \* LPT – physical therapy notes for the right knee [7/10/02 – 8/12/02]
- \* MPT – physical therapy notes for the right knee [12/31/04]
- \* MD Evaluation [7/27/02]
- \* Management – Authorization for a left knee brace [1/6/00]

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This man, who is 5'8" tall weighing 235 pounds, twisted his left knee while unloading concrete blocks. The records indicate that he did not seek medical attention for this problem until 5/24/99 when he was evaluated by, MD. An MRI of the left knee was ordered and performed at Center on 6/1/99. It reportedly showed bone contusions (microtrabecular fractures) involving the left medial femoral condyle and medial tibial plateau, a joint effusion and moderately advanced arthrosis primarily involving the medial compartment. No meniscal or ligament injury was present.

The treatment at that time was in an unloading knee brace. The patient has had increasing left knee pain over the years. X-rays obtained 1/24/05 were compatible with significant tricompartmental arthritis. Because of the severity of the left knee pain and failure to respond to conservative treatment a left total knee replacement is being requested.

The medical records also indicate that this man had a work related injury to his right knee. Arthritis and a torn lateral meniscus were found to exist. An arthroscopy was performed on 7/30/02. A right total knee replacement was subsequently performed 10/21/04. The need for the knee replacement was deemed to be not work related but related to underlying pre-existing arthritis.

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

**THIS MAN IS OBESE. AN MRI OF THE LEFT KNEE OBTAINED 3 MONTHS AFTER THE ACCIDENT SHOWED A PRE-EXISTING MODERATELY SEVERE**

ARTHRITIC CONDITION INVOLVING THE LEFT KNEE. A TWISTING INJURY THAT WAS NOT SEVERE ENOUGH TO WARRANT MEDICAL ATTENTION FOR 3 MONTHS AND DID NOT PRODUCE ANY IDENTIFIABLE LIGAMENT OR MENISCAL INJURY WOULD NOT BE EXPECTED TO HAVE PRODUCED AN INJURY THAT WOULD LEAD TO THE PROGRESSION OF ARTHRITIS NOTED AT THIS TIME. IN ALL MEDICAL PROBABILITY, THIS PATIENT'S OBESITY, ADVANCED AGE AND PRE-EXISTING SIGNIFICANT OSTEOARTHRITIS OF THE LEFT KNEE ARE THE REASONS WHY A TOTAL KNEE REPLACEMENT IS NECESSARY AT THIS TIME; NOT THE WORK RELATED INJURY.

**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)**