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Notice of Independent Review Decision

DATE OF REVIEW: 08/04/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right knee hemi arthroplasty vs. total right knee arthroplasty, three day 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 determination should be:

Overturned
Hemi arthroplasty vs. total right knee arthroplasty with three day inpatient stay is medically necessary.

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female when she fell at work on xx/xx/xx. The employee sustained an injury to her right knee which resulted in a tear of the medial meniscus with resultant subsequent surgical removal of the torn medial meniscus in January, 2005.

The employee continued to experience problems with her knee and demonstrated evidence of a progressive medial compartment degenerative arthritis, which the attending surgeon felt was due to loss of the protection of the medial meniscus. The employee continued to experience symptoms and was followed by the orthopedic surgeon, Dr. Dr. felt that the employee became a candidate for arthroplasty in June, 2008 because of the fact that she could not work and could not bear weight on her leg due to pain in the medial compartment of the joint.

A second opinion was obtained with another orthopedic surgeon, Dr. Dr. agreed with the opinions expressed by Dr. Treatment has been suggested to include hemiarthroplasty in the medial compartment of the joint if the findings at surgery reveal that there is no significant degenerative findings in the other part of the knee joint. However, if the employee has significant degenerative findings in the lateral compartment or the patellofemoral joint, she would then have a total knee replacement,

and this decision would be made at the time of surgery depending on the operative findings. This procedure along with three days hospital stay has been requested by Dr..

The records reveal that the employee has basically failed non-surgical treatment. This has included intra-articular steroid injections, anti-inflammatory medication, and a medial unloading brace.

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

In regard to this case, the history and physical findings along with the imaging findings support the fact that this employee is a candidate for arthroplasty on her knee. The employee needs a joint replacement which would involve only one compartment of the joint if there is no other significant arthritic change in the other parts of her joint. However, if more than the one compartment of the joint is involved, then a total joint replacement would be indicated. This decision would be made on the basis of operative findings by the operating surgeon. This plan of treatment corresponds to the ***Official Disability Guidelines*** indications for knee arthroplasty, and this procedure is felt to be reasonable, necessary, and related to the original injury to her knee that occurred on 09/08/04.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***