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Notice of Independent Review Decision

DATE OF REVIEW: 08/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Total Knee Arthroplasty Inpatient Length of Stay 4-5 days

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.

Right Total Knee Arthroplasty Inpatient Length of Stay 4-5 days - Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was noted to have a complicated history regarding his right knee. An arthroscopy was performed in 1991 and he had two subsequent arthroscopies in 1996, 1998 and also in 2003. It was noted that the patient was crawling in the belly of a plane at work and felt a pop in his knee and has had pain in his knee ever since. Multiple MRI's were performed as well as multiple surgeries.

The patient also underwent physical therapy and has been examined by multiple physicians. A course of Synvisc injections were also administered on the patient's right knee as well as a cortisone injection. His most recent medications were noted to be Lisinopril and NSAIDS.

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

The medical records indicate that the patient had significant cartilage damage in 2003, long before his occupational injury. The occupational injury appeared to be an aggravation of a synovial plica for which he underwent arthroscopy. The continued symptoms due to degenerative arthritis are due to a condition that predated the occupational injury. In my opinion, there is no causal relationship between the patient's degenerative arthritis, which predated the occupational injury, and the occupational injury of xxxx. In addition, in a less than xx year old male, leading an active life, a total knee arthroplasty is not the correct medical decision. A unilateral total knee replacement sacrificing all three compartments would only be indicated after failing a meniscal transplant. For many reasons, including a lack of a causal relationship and an inappropriate procedure, the total knee arthroplasty is neither reasonable, nor necessary.

**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)**