COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

## IRO REVIEWER REPORT

**DATE OF REVIEW:** **12/10/08**

**IRO CASE #:** **NAME:**

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

Determine the appropriateness of the previously denied request for right total knee replacement.

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

Texas licensed Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

**X** 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.

The previously denied request for right total knee replacement.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- **Cover Letter dated 12/3/08.**

- **Notice to  of Case Assignment Sheet dated 12/2/08.**
- **Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 12/2/08.**
- **Fax Cover Sheet dated 12/2/08.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/1/08.**
- **Result of Reconsideration-Non Certification of Service/Procedure Upheld Summary dated 11/19/08.**
- **Request form/Request for a Review by an Independent Review Organization dated 11/19/08.**
- **Physician Reviewer Final Report dated 11/19/08, 11/11/08.**
- **Preauthorization Request sheet dated 11/6/08.**
- **Patient Care Note dated 10/27/08.**
- **Notice of Disputed Issue and Refusal to Pay Benefits Sheet dated 5/13/08.**
- **History of Present Illness Summary dated 6/27/08, 4/10/08.**
- **Follow-Up note dated 8/19/08, 7/3/08, 6/27/08, 4/10/08, 2/14/08, 12/10/07, 7/19/07, 3/6/07, 11/20/06, 4/6/06, 2/28/06, 8/7/07, 7/19/07, 6/19/07, 3/6/07, 11/20/06, 4/6/06, 11/21/05, 11/25/96.**
- **Consultation Report Summary dated 2/14/06, 10/22/07, 2/14/06, 10/24/96.**
- **Impairment Rating Exam Results/Letter dated 9/19/07.**
- **Patient Evaluation Note dated 12/10/07, 10/23/07.**
- **Magnetic Resonance Imaging Report dated 7/12/06.**
- **Review of Medical Records Report Sheet dated 11/20/96.**
- **Operative Report dated 12/11/96.**
- **Patient Post Operative Note dated 3/3/97, 1/30/97, 1/9/97, 12/17/96, 12/12/96.**
- **Physical Therapy Request Sheet dated 10/24/96, 2/14/06.**
- **Exercise Flow Sheet dated 11/22/96, 11/20/96, 11/19/96, 11/13/96, 10/31/06, 11/12/96, 11/11/96, 11/4/96, 10/31/96, 10/29/96, 10/28/96, 10/31/06, 10/29/06, 10/28/06.**
- **Progress Note dated 11/22/96, 11/20/96, 11/19/96, 11/13/96, 11/12/96, 11/11/96, 11/6/96, 11/5/96, 11/4/96, 10/31/96, 10/29/96, 10/28/96.**
- **Physical Therapy Evaluation Summary dated 6/26/08, 5/1/08.**
- **Physical Therapy Initial Evaluation Summary dated 6/22/07.**
- **Physical Therapy Re-Evaluation Summary dated 7/26/07.**
- **Daily Progress Note dated 5/25/06, 5/24/06, 5/16/06, 5/4/06, 5/3/06, 5/1/06, 4/27/06, 4/24/06, 4/19/06, 4/5/06, 4/4/06, 4/3/06, 3/22/06, 3/17/06, 3/14/06, 3/13/06, 3/9/06, 3/8/06, 3/2/06, 2/22/06.**
- **Physical Therapy Evaluation Sheet dated 5/25/06, 5/24/06, 5/16/06, 5/4/06, 5/3/06, 5/1/06, 4/27/06, 4/24/06, 4/19/06, 4/5/06, 4/4/06, 4/3/06, 3/22/06, 3/17/06, 3/14/06, 3/13/06, 3/9/06, 3/8/06, 3/2/06, 2/22/06, 2/16/06.**
- **Medical Information Reviewed/Summary of Medical Events Summary/Letter dated 5/21/06.**

- **Initial Evaluation Report dated 2/16/06.**
- **Prescription Sheet dated 2/14/06.**
- **Knee Viewing Note dated 10/28/05.**
- **Specific and Subsequent Medical Report dated 12/15/97.**
- **Initial Medical Report dated 10/3/96.**
- **Report of Medical Evaluation Sheet dated 9/26/97.**
- **Workers' Compensation Status Report sheet dated 2/20/97.**
  **Physical Therapy Progress Note dated 2/20/97, 2/19/97, 2/18/97, 2/13/97, 2/12/97, 2/11/97, 2/7/97, 2/6/97, 2/5/97, 12/31/96, 12/30/96, 12/26/96, 12/24/96, 12/23/96, 12/20/96, 12/14/96.**
  **Physical Therapy Initial Evaluation Report dated 12/18/96.**
  **Patient Reason for Diagnosis Note dated 12/27/96.**
- **Second Opinion Consultation Report dated 12/11/96.**
- **Authorization Decision /Letter dated 12/10/96.**
- **Treatment Program Summary dated 11/22/96.**
- **Doctor's Treatment Certificate Sheet dated 11/15/96.**
- **Knee Evaluation Sheet dated 10/25/06.**
- **Office visit note dated 5/8/06, 10/28/05, 6/7/04, 12/15/97, 10/3/96, 11/15/96, 1/7/96.**
- **Employer's First Report of Injury or illness Sheet dated 10/10/96.**
- **Radiology Report dated 10/3/96.**
- **Valgus Alignment Exam Sheet (unspecified date).**

**There were no guidelines provided by the URA for this referral.**

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age: xx years**
**Gender: Female**
**Date of Injury: xx/xx/xx**
**Mechanism of Injury: Twisting injury to her right knee while playing volleyball with xxx.**

**Diagnosis:**

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

The claimant is a xx-year-old female who sustained a work related injury on xx/xx/xx. She was diagnosed with right knee post traumatic degenerative arthritis. The claimant was a . She sustained a twisting injury to her right knee while playing volleyball with xxx. Her current weight is 220 pounds with a body mass index (BMI) of 35. The claimant had a history of several right knee surgical procedures dating back to 1976 when she had a meniscectomy. There was a history of ligament reconstruction in the 1980's and in 1990, a right knee arthroscopic debridement.

On 12/11/96, Dr. performed arthroscopy of the right knee with arthroscopic debridement of degenerative joint disease and grade IV chondromalacia, as well as arthroscopic removal of multiple osteophytes. At arthroscopy, the claimant was noted to have grade IV chondromalacia of

the articular surface of the medial collateral femoral condyle, as well as the medial and lateral tibial plateau.

The records lapsed until 10/28/05, at which time, the claimant had an X-ray of the right knee showing advanced arthritic changes. On 02/14/06, the claimant began treating with Dr. due to an exacerbation of right knee pain. X-rays at that time showed evidence of significant degenerative change with bone on bone articulation of the medial compartment. Tricompartmental degenerative changes were also seen including the lateral compartment and the patellofemoral region. Dr. gave a diagnosis of right knee post traumatic degenerative arthritis status post twisting injury with exacerbation of symptomatology. Cortisone injection was given and physical therapy was ordered. The claimant returned to regular work activity.

The claimant returned to Dr. on 03/06/07, again having significant difficulty with the right knee. A DepoMedrol injection was given, followed by additional injections on 06/19/07 and 08/07/07. The claimant had additional physical therapy in July 2007. On 10/23/07, Dr. documented crepitation with flexion/extension and varus orientation. There was tenderness medially and laterally. Total knee replacement was discussed. A DepoMedrol injection was given in December 2007. The claimant continued to work. On 02/14/08, Dr. noted progressive difficulty with the right knee. The claimant had crepitation and mild effusion. Another injection was given.

Dr. evaluated the claimant on 04/10/08, for surgery. The claimant had an antalgic gait. The right knee was swollen, tender and painful. Standing films showed degenerative arthritis of both knees, right knee much worse than the left knee. Right knee arthroplasty was recommended. A Cortisone injection was given. The claimant had additional physical therapy and aquatic exercises. She was attempting weight loss. On 06/27/08, Dr. noted that her weight was down to 232 pounds and her BMI was too high for approval for right knee arthroplasty. Another cortisone injection was given. On 10/27/08, Dr. noted that the claimant was in a weight control program and weighed 220 pounds with a BMI of 35. On 11/06/08, right knee arthroplasty was requested. The surgery was denied on peer reviews of 11/11/08 and 11/19/08.

Right total knee replacement cannot be justified as medically necessary according to the information reviewed. The claimant does not meet appropriate ODG criteria for surgery. ODG criteria specifically states that patients must be both over 50 years of age and have a body mass index of less than 35. This claimant was noted to have a body mass index of 35 and therefore does not meet ODG criteria. Though the claimant is close, the patient does not fulfill ODG criteria for the surgery at this time.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

**X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Knee: Knee joint replacement

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).