

# I-Decisions Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 30, 2008**

**IRO CASE #:**

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

Right Total Knee Replacement

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

MD, 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)

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 reviewer finds that medical necessity exists for Right Total Knee Replacement.

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

Adverse Determination Letters, 12/12/08, 10/8/08, 9/19/08

ODG Guidelines and Treatment Guidelines

Dr., MD, 4/17/07

MRI, 4/17/07

Imaging Reports, 2/19/08, 7/9/08

MD, 9/30/08, 7/29/08

DO, 8/1/08, 1/23/08, 11/28/07, 11/6/07, 4/24/08

MD, 5/10/07

Rehab, 12/29/06  
Dr. MD, December 2006

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year old female who injured her right knee in a accident on xx/xx/xx when she had a injury. She has had various surgeries including knee arthroscopy on both knees. An MRI scan on the right knee on 02/19/08 revealed tricompartmental degenerative joint disease with grade 3 and grade 4 changes along with complex tears of the meniscii. Weightbearing films revealed degenerative hypertrophy. The previous reviewer felt the patient had a body mass index of 44. It is on this basis that he denied the patient's surgery, as this did not conform to ODG criteria. The treating physician, however, has subsequently clarified the patient's body mass index as being less than 35.

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

Based upon the clarification of the treating physician and a body mass index that falls within the ODG Treatment Guidelines and Recommendations and the documented evidence from arthroscopy and MRI scan, along with the patient's symptoms, disability, and physical examination found within the medical records, it is this reviewer's opinion that, due to the clarification of the body mass index, this patient's picture does, indeed, conform to ODG Guidelines. The reviewer finds that medical necessity exists for Right Total Knee Replacement.

**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)**