ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT

Date of Review: 2/18/08

IRO Case #:
Description of the Service or Services in Dispute: Total Knee Arthroplasty, Right

Qualifications: MD degreed, Board Certified Orthopedic Surgeon, with extensive experience in the evaluation and treatment of injured employees and arthritis.

Review Outcome:
X Upheld (Agree)
Overturned (Disagree)
Partially Overturned: (Agree in part/Disagree in part)

Information provided for the review:
TDI Assignment
Fax covers
Medical Business Management Services forms
Review DO, 12/19/07, denial
Reconsideration request 1/14/08
Preauthorization request 2/1/08
Review MD, denial 2/5/08
Carrier records
Requestor records
To Whom It May Concern Ltrs 1/23/08, 1/3/08, 12/5/07
Clinic notes 12/5/07, 11/7/07, 10/29/07, 10/05/07, 9/14/07
Medical Questionaire/Worker's Comp Questionaire 7/14/06
Care Programs RxPT 11/29/07
Progress note 11/28/07
Evaluation 10/29/07
Diagnostic MRI 7/20/06
Operative Report 8/01/06

Injured Employee Clinical History:
This female with right knee pain unrelieved by non operative means has utilized medication, physical therapy, supartz viscosupplementation, aspiration and corticosteroid injection, etc. Findings suggestive of 2 compartment osteoarthritis of the knee. She has a body mass index of 35. There is a history of repeated injuries.

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Analysis and Explanation of the Decision, including clinical basis, findings and Conclusions used to support the decision:
This patient does not meet the patient selection criteria as published in the current ODG, Knee chapter for the performance of Total knee arthroplasty under the auspices of the worker's compensation commission. Her BMI is greater than the lower limit recommended (30), making the chance for success of such a surgery somewhat less than optimal. The reviewer finds that the surgery is not reasonable under these conditions.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
___X__Medical judgment, 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.
_____Pressley Reed, The Medical Disability Advisor.
_____Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
_____Texas TACADA Guidelines.
_____TMF Screening Criteria Manual.
_____Peer reviewed national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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