



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 06/14/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left total knee replacement with a 3 day LOS.

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

The reviewer is a medical doctor who is board certified in Orthopedic Surgery and has been practicing for greater than 15 years.

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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: Dr. letter-5/12/08; Orthopaedic Surgeons Assoc. Progress Notes – 3/16/06-4/29/08 & MRI report-3/1/07; Operative report – 3/30/06, 4/9/07, & 2/21/08; MD letter – 5/10/07 & 2/22/07; Imaging Services Arthrogram report-12/28/07 and MRI of Left knee – 10/25/05 & 12/28/07; and Open MRI report-7/10/06.

Records reviewed: RN denial letter – 5/9/08 & 5/21/08; MD, PA RME report-10/30/07; Orthopaedic Surgeons Assoc. pre-authorization request-5/5/08 & appeal – 5/14/08; and Treatment Centers report-4/24/08.

Records reviewed: Procedure code list, CPT code, history (problem focused), examination, diagnosis, ROM and treatment plan paperwork by Treatment

Centers from 2/10/05 to 5/21/08, 1/15/08 PPE, 4/11/07 letter of clarification, various TWCC 73 reports, 11/6/07 to 12/13/07 subsequent reports, 6/28/07 denial letter, RME of 11/14/06, 8/4/06 approval letter for arthrogram, 7/10/06 approval letter for MRI, 8/22/06 RME, 2/26/08 note Orthopedics, 6/5/07 RME and amended RME of same date, 4/9/07 operative report, 8/14/07 MRI left knee and notes by Dr. from 5/19/05 to 8/17/07.

We did not receive a copy of the ODG from the carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a female who was injured when she fell directly onto her left knee. She underwent medication and physical therapy with no improvement. The patient underwent arthroscopy 7/20/2005 done by Dr. at which time grade IV chondromalacia of the patella was found. The patient experienced a post operative synovial leak and no long term pain relief, but was placed at MMI 11/04/2005 by Dr. as a Designated Doctor which was later rescinded. On 3/30/2006 she underwent arthroscopy again on the same knee for persistent pain by Dr.. Due to persistent pain, she underwent a third arthroscopy by Dr. on 4/09/2007 with findings of a grade IV chondromalacia of the patella, and tears of the medial and lateral menisci. For persistent pain, a fourth arthroscopic procedure was performed 2/21/2008 and again, grade IV chondromalacia was found and the patient has experienced persistent pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. ODG Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Medications. OR Visco supplementation injections. OR Steroid injection. PLUS; 2. Subjective Clinical Findings: Limited range of motion. OR Night-time joint pain. OR No pain relief with conservative care. PLUS; 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35. PLUS; 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy.

This patient has undergone multiple arthroscopies demonstrating exposed subchondral bone of the patella, failed extensive and repetitive conservative therapy, has had no pain relief to date and is an appropriate candidate for total knee replacement. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. Total knee arthroplasty was found to be associated with substantial functional improvement. The age of this patient does not meet the ODG criterion; however, she is extremely close to the required age and meets every other criterion. Her age does not eliminate the physical

condition (the most important of all of the criteria) of her knee; therefore, the surgery is approved.

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)