

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed total right knee replacement (27447)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.00	27447		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO16 pages

Respondent records- a total of 95 pages of records received from the carrier to include but not limited to: letter, 3.7.08; letters 10.10.07-2.8.08; record from Dr, 1.30.08; x-rays , knees 11.12.07; records from Chiropractic 8.31.07-12.10.07; Accident and Injury note xx/xx/xx; report

10.9.07; records from, M.D. 12.20.05-8.24.07; Peer Review 10.23.06; report from, M.D. for, 10.20.06; Report 4.21.06

Respondent records- a total of 25 pages of records received from the URA to include but not limited to: Request for an IRO forms; records from Dr. 12.17.07-1.30.08; letters 1.23.08, 2.8.08; x-rays-Bilateral knees 11.12.07

Requestor records- a total of 5 pages of records received to include but not limited to: Records from Dr 12.17.07-1.30.08; x-rays-Bilateral knees 11.12.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient has advanced degenerative changes based on the review of records. The medical necessity of a total knee replacement is indicated based upon a review of records from , M.D. and his description of weight-bearing x-rays of advanced weight-bearing bone-on-bone degenerative varus. However, ODG guidelines require a BMI of less than 35. The patient's BMI is recorded at 42.4.

The patient is at an increased risk for failure with a BMI of greater than or equal to 30. Therefore, the medical necessity of a proposed total right knee replacement determination is upheld.

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

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (The Outcome of Total Knee Arthroplasty in Obese Patients, Hungerford, et. all. Journal Of Bone and Joint Surgery -- 86:1609-1615. 2004)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

