

**C-IRO, Inc.**  
**An Independent Review Organization**  
7301 Ranch Rd. 620 N, Suite 155-199  
Austin, TX 78726

Notice of Independent Review Decision

**DATE OF REVIEW: MAY 12, 2008**

**IRO CASE #:**

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

Medical necessity of left total knee replacement 27447 inpatient.

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

M.D., 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 04/07/08, 04/12/08  
Office notes, Dr. 03/12/08, 03/26/08  
MRI left knee, 03/15/08  
Pre – certification / UR review. 04/02/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male claimant reportedly had a left knee injury and initially was diagnosed with left knee pain and underwent meniscal surgery in 2007. The operative report was not provided for review. The records indicated that the claimant treated conservatively with medication and

bracing. Physician records dated 03/12/08 and 03/26/08 noted the claimant with persistent knee pain, subjective complaints of locking and popping, objective findings of grinding and MRI findings that showed significant arthritic changes. The claimant was diagnosed with osteoarthritis and a left total knee replacement was recommended.

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

The ODG guidelines suggest that individuals are candidates for total knee arthroplasty when they have failed conservative care in the form of medications, injections, or viscosupplementation, have limited range of motion, are greater than 50 years of age, and have a body mass index of less than 35, plus findings of osteoarthritis. This particular individual is greater than 50 years of age, has a body mass index of less than 35, and has obvious degenerative changes on x-ray. He has also failed arthroscopic debridement and anti-inflammatories.

That said, the treatment notes suggest that other options, aside from total knee arthroplasty, would include injection. In this young individual, those ODG recommended procedures would need to be exhausted before proceeding with the final treatment for osteoarthritis i.e., total knee arthroplasty.

Thus in light of the fact that this gentleman has not failed all aspects of conservative care, in particular corticosteroid injection and/or viscosupplementation, the left total knee replacement 27447 inpatient stay, cannot be recommended as reasonable or medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Knee and Leg: Knee joint 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.

#### **ODG Indications for Surgery™ -- Knee arthroplasty:**

**Criteria** for knee joint replacement (If only 1 compartment is affected, a unicompartamental 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

**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)