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Notice of Independent Review Decision

DATE OF REVIEW: 11/05/08 (AMENDED 11/11/08)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee arthroscopy and unicompartmental replacement

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

Board Certified in Orthopedic Surgery

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.

Right knee arthroscopy and unicompartmental replacement - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the right knee interpreted by M.D. dated xx/xx/xx

A medical history questionnaire from an unknown person (signature was illegible) dated 05/28/08
Evaluations with M.D. dated 05/30/08, 06/20/08, 07/21/08, 07/28/08, and 10/06/08
DWC-73 forms from Dr. dated 05/30/08, 06/20/08, 07/21/08, and 10/06/08
An operative report from Dr. dated 06/12/08
An MRI of the brain interpreted by Dr. (no credentials were listed) dated 06/15/08
X-rays of the chest interpreted by Dr. (no credentials were listed) dated 06/15/08
Referrals for physical therapy from Dr. dated 06/20/08, 07/21/08, 08/01/08, and 08/21/08
Evaluations with an unknown physical therapist (signature was illegible) dated 06/27/08, 07/25/08, and 08/20/08
A physical therapy progress report from P.T. dated 07/18/08
A list of prescription refills dated 07/21/08, 09/09/08, and 10/06/08
A Notice of Disputed Issue(s) and Refusal to Pay Benefits form from the insurance carrier dated 07/29/08
A letter of non-authorization from L.V.N. dated 08/08/08
A letter "To Whom It May Concern" from Dr. dated 09/05/08
A case manager visit with Dr. dated 09/05/08
A letter of non-authorization from L.V.N. dated 10/03/08

PATIENT CLINICAL HISTORY

The claimant's symptoms reportedly began on xx/xx/xx. This claimant, who has multiple sclerosis and is 5'3" tall and weighs 260 pounds, reports that she had her foot planted when someone accidentally ran into her, causing her to twist and fall to the floor. She then sustained right knee pain. She did have conservative management and ultimately an MRI of the right knee interpreted by Dr. xx/xx/xx indicated complex tearing of the posterior root attachment of the meniscus, some chondromalacia in the patellofemoral joint and medial tibiofibular joint, moderate osteoarthritis, a small joint effusion and cyst, and tendinopathy. Simply, the MRI revealed that there was evidence of a posterior horn medial meniscus tear and considerable degenerative changes, especially to the medial compartment of the knee and the patellofemoral joint. Her past medical history, as stated, was for multiple sclerosis, and prior knee surgery on the opposite side.

The claimant failed to progress conservatively and on 06/12/2008, she underwent right knee arthroscopic partial medial and lateral meniscectomies, a chondroplasty to a separate compartment and also to the patellofemoral joint by her orthopedic surgeon, Dr. of Medical Center . She failed to progress according to the usual standard and adequate physical therapy and, subsequently, because of the failure to progress, recommendations by her operative surgeon were for unicompartmental knee arthroplasty. On 08/08/08, Ms. wrote a letter of denial for a right knee arthroplasty. On 09/05/08 and 10/06/08, Dr. again requested a knee arthroplasty. On 10/03/08, Ms. also wrote a letter of denial for the knee arthroplasty.

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

In my opinion, the requested procedure is not reasonable or necessary. I think that the significant arthrosis that was present both on the MRI and the claimant's arthroscopic procedure indicates that there were longstanding degenerative changes to her knee. It is with a very high degree of medial probability, given the pathology in the knee as related to arthritis and arthrosis and also given the fact of her weight, that there is a very high likelihood that she would have pain at some point. I, therefore, do not believe that the right knee arthroscopy and unicompartmental replacement is reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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)**