



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 11/11/2008

**IRO CASE #:**

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

Right total knee arthroplasty.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with osteoarthritis of the knee,

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. SWFA forms
2. TDI referral forms including denial letter 09/16/08 and reconsideration denial letter 10/06/08
3. Requestor records
4. impairment rating, 09/19/08
5. X-ray reports 06/02/08 and 03/05/08
6. Diagnostics clinical notes, eight entries between 04/19/07 and 09/02/08
7. Reconsideration denial letter, 08/13/07
8. Denial memo, 08/09/07
9. Fax cover
10. Denial letter, 07/18/07
11. Denial memo
12. Request for IRO repeat MRI scan
13. Denial letter, 05/02/07 for Supartz injection
14. Denial letter, 04/27/07
15. MRI scan, right knee, 10/16/06 and 11/18/05

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16. X-ray of right knee, 04/19/07
17. Denial letter, 10/03/08
18. Surgery registration sheet
19. Fax cover, multiple
20. Notice of IRO decision, 08/18/08
21. Hospital operative report, 10/16/07
22. Hospital operative report, 11/06/06
23. Peer-to-Peer report, 10/03/08
24. Report of medical evaluation, 09/22/08 and 02/20/08
25. Orthopedic medical reports, ten reports between 12/17/07 and 09/22/08
26. TWCC form 73, 02/20/08
27. Designated Doctor Evaluation, M.D., 02/20/08
28. Multiple emails
29. URA records including EMS 400 muscular stimulator prescription
30. Letter for medical necessity of EMS dated 10/10/05

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This unfortunate female suffered a fall on xx/xx/xx. She suffered injuries to both knees, the more severe the right. She has undergone a number of surgical procedures including two arthroscopic procedures. She has been treated with medications, activity restrictions, physical therapy and local intraarticular cortisone injections. She continues to suffer pain in the right knee with crepitus and has been diagnosed with patellofemoral syndrome and patellofemoral pain syndrome. She has been treated with Supartz injections with persistent pain. Furthermore, she has suffered deep vein thrombosis and has undergone Coumadin therapy. The current request is for a total knee arthroplasty based on a provisional diagnosis of end stage osteoarthritic change of the right knee. This request has been denied, appealed, and denied, and has now been offered for IRO review.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The provisional diagnosis of end stage osteoarthritis is not supported by interpretations of x-rays. X-ray reports revealed the joint space to be maintained, and though she may have some changes in the articular cartilage, it does not appear that end stage osteoarthritic changes are present. She has no evidence of bone-on-bone radiographic appearance, severe osteophytosis is not present, and she has no significant arthritic deformities. The performance of total knee arthroplasty in a patient of this age group would be in appropriate and is not supported by recommendations published on the ODG Guidelines for the performance of total knee arthroplasty under the circumstances of Workers' Compensation injury.

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

*(Check any of the following that were used in the course of your review.)*

\_\_\_\_\_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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Knee Chapter, Arthroplasty passage.
- 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.)