



REVIEWER'S REPORT

DATE OF REVIEW: 04/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Total knee arthroplasty, right knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering arthritic disease of the knees

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. forms
2. referral forms
3. Preauthorization summary
4. Requestor records including clinical notes, 03/10/09, 02/17/09, 05/19/08, 05/27/08
5. Letter dated 03/27/09
6. Discharge summary, 05/12/08 through 05/14/08
7. Operative report, 05/19/08
8. History and physical examination, 05/12/08 and 05/19/08
9. Progress notes
10. MRI scan, right knee, 05/13/08
11. URA records including preauthorization adviser reviews, 03/06/09 and 02/27/09
12. Reconsideration request
13. preauthorization intake form
14. Preauthorization for surgery, 03/16/09
15. Benefit Review Hearing decision, 12/10/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a xx-year-old male with a date of injury of xx/xx/xx. He apparently fell, suffering a direct blow to his right knee. He suffered the development of hematoma. Subsequently he has suffered persistent pain, diminished range of motion, and mild effusion. His BMI is reported to be 42. A total knee arthroplasty has been recommended, and the request for preauthorization has been denied.

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

The patient is described as obese. It is unlikely that the fall with the development of the hematoma was, in fact, the original source of the osteoarthritis. This is a circumstance where the on-the-job injury resulted in a worsening of a pre-existing condition. The patient is described as obese with a BMI of 42. The ODG 2009 Knee Chapter passage for total knee replacement is specific, that the patient should be older than 50 years of age with a BMI of less than 35. This patient's obesity and BMI do not meet the criteria, and, therefore, the prior decision for denial was appropriate and should be upheld.

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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)