

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Rt Distal Femur Resection/Replacement/Deep Hardware Removal CPT 27445, 27365, 20680

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 2/9/09, 3/3/09
MD, 1/30/09, 1/21/09, 3/2/09, 2/17/09, 2/9/09
CT Lower Extrem w/o contrast, 1/23/09
DO, 3/11/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who apparently had a fracture of the distal femur and underwent open reduction internal fixation with retrograde femoral rod. Apparently he has gone on to establish nonunion. The treating physician does not feel that he is capable of obtaining rigid fixation of this individual, and given the combination of soft bone, nonunion, and possibility of rigid fixation and pre-existing medial compartment arthritis along with a valgus deformity of current position, the treating physician feels that this most prudent approach is a distal femoral resection, removal of hardware, and knee arthroplasty. Current request is for Rt Distal Femur Resection/Replacement/Deep Hardware Removal CPT 27445, 27365, 20680.

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

The previous reviewer has denied this procedure not on the basis of medical necessity but on the basis of the patient's body mass index. While this adverse determination certainly conforms to the strict letter of the Official Disability Guidelines, the reviewer finds that in this particular patient's case, there are other considerations. The records indicate this patient has no viable alternative to the proposed procedure. Given the nonunion and valgus deformity

and the hardware problem, the records indicate he either ambulates with crutches and a brace for the foreseeable future until the hardware becomes so loose that it perhaps protrudes from the knee or he undergoes this procedure. There is no question that the body mass index is a definite negative. However, this reviewer agrees with the treating physician that in this particular case, given the information provided in the medical record and the strong medical necessity for this procedure, that while the body mass index definitely is a negative, in this particular instance it should not be the determining factor. For this reason, the previous Adverse Determination has been overturned, given the medical necessity, criteria, and the exceptions explained within the medical records provided. The reviewer finds that medical necessity exists for Rt Distal Femur Resection/Replacement/Deep Hardware Removal CPT 27445, 27365, 20680.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)