

# Wren Systems

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/03/2009

**IRO CASE #:**

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

Right knee arthroplasty with 3 day inpatient stay

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

MD, 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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who, according to the medical records, sustained a work-related injury and has been diagnosed with a medial compartment degenerative change requiring arthroplasty. The request is currently for right knee arthroplasty. His previous treatments include the previous injection of cortisone injection and no viscosupplementation. He has an age that is below that recommended by the ODG Guidelines and a body mass index which has been stated to be 43.2 based upon a height of 5 feet 11 inches and a weight of 310 pounds. He has had a previous surgery of his low back in 1992 and two prior arthroscopies on the right knee in 2006 and 2007. He has also had a right shoulder arthroscopy. The MRI scan from xx-xx-xx showed degenerative changes, a torn medial meniscus, and a discoid lateral meniscus. He has had anti-inflammatory medication, crutches, neoprene brace, ice packs, and work

restrictions. The records indicate the patient apparently does not wish to proceed with a series of injections.

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

According to the medical records provided for this review, the patient's young age is inferior to that recommended by the ODG Guidelines. In addition, his body mass index is superior to that recommended by the ODG Guidelines. The conservative care options have not been exhausted in this patient's case, as per the guidelines. It is for these reasons the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Right knee arthroplasty with 3 day inpatient stay.

**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)