



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)*

**DATE OF REVIEW: 12/02/2009**

**IRO CASE #:**

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

Right patella femoral resurfacing 27443

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

Texas State Licensed MD Board Certified Orthopaedic 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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to 11/13/2009
2. Notice of assignment to URA 11/13/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 11/11/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/09/2009
6. letter 10/14/2009, 09/17/2009
7. Patient profile, appeal rqst letter 10/27/2009, medical note 09/28/2009, DD exam 09/15/2009, medical note 08/27/2009, 07/27/2009, 07/13/2009, 06/04/2009, 05/04/2009, 04/23/2009, op report 04/13/2009, medical note 03/12/2009, radiology report 03/03/2009, TDI forms: 09/28/2009, 08/27/2009, 07/27/2009, 07/13/2009, 06/04/2009, 05/07/2009, 04/23/2009, 03/12/2009
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This patient was involved in an injury on xx/xx/xx. He subsequently has developed significant right knee pain. An MRI scan was carried out. This shows significant degenerative changes within the knee, as well as bony contusion of the lateral tibial plateau and trochlea. The patient subsequently has undergone right knee arthroscopy. At the time of the scope, a chondroplasty was carried out of the patella and trochlea. There were multiple loose bodies. In addition, a



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meniscectomy was carried out. The patient has not done well postoperatively. He has had steroid injections and Synvisc injections. The patient has now been recommended to undergo a right patellofemoral resurfacing.

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

The Official Disability Guidelines do not suggest that this procedure is a standard technique. Indeed, it would appear that short-term results may not be reliable. In patients with multiple compartment involvement, such as this claimant, the requested procedure is not recommended. The previous adverse determination is upheld.

### **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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)