



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)*

03/31/2009

**DATE OF REVIEW:** 03/31/2009

**IRO CASE #:**

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

Revision of right total knee arthroplasty

**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 Medwork 03/16/2009
2. Confirmation of Receipt of a Request for a Review by an IRO 03/11/2009
3. Company Request for IRO Sections 1-8 undated
4. Request For a Review by an IRO patient request 03/10/2009
5. letter to IRO 03/19/2009
6. adverse determination after reconsideration notice letter 02/05/2009
7. adverse determination notice letter 01/13/2009
8. Letter from physician 01/14/2009
9. Medical note 12/09/2008
10. Whole body bone scan 10/29/2008
11. Medical note 10/21/2008, 07/25/2008, 04/25/2008, 01/11/2008
12. MRI knee right no contrast 01/04/2008
13. Medical note 12/19/2007, 11/28/2007, 11/09/2007
14. Radiology report unenhanced head CT 10/31/2007
15. Medical note 10/31/2007



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16. ODG guidelines were not provided by the URA

### **PATIENT CLINICAL HISTORY:**

This patient sustained a fall on xx/xx/xx. The patient had previously undergone bilateral total knee replacements in November 2003. He had done well. He now presented with increasing right knee pain.

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

An MRI scan of the knee has been essentially normal. Physical examination has been essentially normal with good range of motion. X-rays did not show any loosening. There was adequate cement. There was good alignment. It was the opinion of the physician that there may be some subtle loosening. Based upon that hypothesis, a bone scan was ordered. That bone scan is normal. Therefore, there is no objective indication to indicate that there is loosening of any of the components. According to the ODG guidelines and submitted clinical records the requested procedure does not appear to be medically necessary and the previous adverse determination should be 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)