



Lumetra

Brighter insights. Better healthcare.

One Sansome Street, Suite 600
San Francisco, CA 94104-4448

415.677.2000 Phone
415.677.2195 Fax
www.lumetra.com

Notice of Independent Review Decision

DATE OF REVIEW: 5/4/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total knee replacement

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	719.46	27447	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician notes 2/10/2006 thru 4/15/09

X-ray reports dated 3/3/09, 3/3/06

Operative report dated 3/28/06

Official Disability Guidelines cited – Knee Chapter Knee joint replacement and Indications for Surgery-Knee Arthroplasty

PATIENT CLINICAL HISTORY:

Notice of Independent Review Decision
Page 2

This claimant sustained a left knee injury on xx/xx/xx. The claimant is status post left knee arthroscopy with partial medial meniscectomy, microfracture, chondroplasty and synovectomy completed in March 2006. Other treatment has included medications, physical therapy, and work modification. The claimant continues with persistent left knee pain. The claimant was diagnosed with posttraumatic arthrosis, and a left total knee replacement was recommended.

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

In the Reviewer's opinion, the requested procedure should be authorized as requested. According to the Reviewer, the claimant has continued to have severe pain with all activities and the pain is now interfering with sleep. On physical examination severe tricompartmental tenderness was noted. X-rays showed bone on bone contact, with translation and deformity. The claimant's physicians have been treating with non-narcotic analgesics, including anti-inflammatory medications, but the patient has failed to respond. In addition, the patient has tried and completed all appropriate physical therapy without symptomatic improvement. The claimant continues to have severe chronic effusions of the left knee, instability on x-ray with loss of motion and deformity, and confirmed severe osteoarthritis at surgery. The Reviewer noted from the literature that post-operative morbidity and mortality have not been proven to change because of a patient's body mass index. The Reviewer further noted that the claimant's treatment now includes the use of narcotic medication as needed, and the claimant has fallen, as the knee has given out. In the professional opinion of the Reviewer, the claimant has had appropriate conservative treatment and appropriate arthroscopic intervention but has not responded.

In conclusion, this claimant's clinical course and history (failed appropriate conservative care and surgical intervention with persistent pain over three-years post injury) qualifies this claimant for the requested procedure pursuant to the Official Disability Guidelines.

References:

S. Terry Canale and Willis C. Campbell, Operative Orthopaedics
University of Michigan, 10th edition, Mosby 2003.

Michael W. Chapman and Michael Madison, Operative Orthopaedics
University of Michigan, 2nd edition, Lippincott 1993.

C. McCollister Evarts, Surgery of the Musculoskeletal System
2nd edition, Churchill Livingstone 1990.

**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)