

# Prime 400 LLC

An Independent Review Organization  
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**DATE OF REVIEW:**

May/04/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left Total knee arthroplasty with three 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**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 4/6/09, 3/24/09, 3/16/09  
Orthopedics, 3/11/09  
MD, 3/6/09, 12/18/08  
X-Ray, Knee, undated  
Surgery Reservation Sheet, 3/11/09  
Health Care Centers, 6/12/08, 8/12/08  
Physical Therapy Daily Note, 8/11/08, 7/31/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who was walking to clock out and slipped and fell on her side, hurting her hip and knee. She apparently initially had back pain but the problem is mainly with the knee. She was injured on xx-xx-xx. She has had injections into the knee. She has had physical therapy. The x-rays are said to show advanced degenerative joint disease of the knee. She has a body mass index by the report of the physician of 31.1. The information in the records concerning conservative care is limited to physical therapy and injections. She apparently had some great relief from the injections in addition to actually receiving the required conservative care. Current request is for total knee replacement.

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

Based upon the information provided and the radiological studies, it is as suggested that this injured worker has advanced degenerative joint disease. The patient has had conservative care and in particular, temporary great response with injection of cortisone. These

circumstances indicate that this patient would indeed meet the spirit of the criteria of the Official Disability and Treatment Guidelines. In this case, the medical provider has provided information sufficient to satisfy the guidelines. The reviewer finds that medical necessity exists for Left Total knee arthroplasty with three 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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