

SENT VIA EMAIL OR FAX ON
May/11/2009

Pure Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:

May/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total Left Knee Replacement with Inpatient Stay time 3 days

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

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

OD Guidelines

MRI left knee, 4/2/04

Office notes, Dr. 9/29/04, 10/14/04, 11/04/04, 11/24/04, 01/07/05, 02/04/05, 02/10/05, 02/18/05, 03/11/05, 05/25/05, 02/03/06, 07/13/07, 06/26/08, 11/19/08, 02/20/09, 03/06/09

OR report, 10/11/04

PT evaluation, 10/19/04

Request for PT, 11/3/04

MRI left knee, 2/11/05

Synvisc injections, 4/6/05, 04/13/05, 02/22/06, 03/01/06

Hyalgan injections, 3/8/06, 03/16/06, 03/22/06

Office note, Dr. 3/27/06

Note, 2/1/08

Reviews, 3/19/09, 04/15/09

Appeal letter, Dr. 4/1/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx-xx-xx. He began treatment for left knee pain. MRI on 04/02/04 revealed a medial and lateral meniscal tear as well as a grade IV chondromalacia patellofemoral joint space. On 10/11/04, the claimant underwent left knee arthroscopy with partial medial and lateral meniscectomy and microfracture of the medial femoral condyle.

The claimant reported gradually increasing left knee pain despite extensive therapy. Another MRI on 02/11/05 showed extensive advanced tricompartmental degenerative changes with patella and femoral chondromalacia. There was a new finding of a degenerative subchondral cyst in the medial aspect of the lateral tibial plateau with surrounding bone marrow edema. A tear of the anterior horn of the lateral meniscus had increased in size. A tear with maceration involving the body and posterior horn of the medial meniscus was unchanged.

Treatment included two series of viscosupplementation and several cortisone injections to the left knee with no significant relief or increased mobility. Exam findings noted a bowed deformity of the knees with crepitus throughout range of motion and sharp tenderness along the medial joint line.

Standing x-rays on 03/06/09 reportedly showed complete loss of medial cartilage space and a left total knee replacement was recommended. The claimant's weight was noted to be 304 pounds with a body mass index of 46.2.

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

The request is for total knee arthroplasty. The claimant clearly has degenerative joint disease of his left knee and has failed extensive conservative treatment including cortisone injections and viscosupplementation. The following predisposing factors to ODG guidelines is his weight and BMI which is greater than 35. This, however, in and of itself should not preclude the procedure. The claimant clearly has failed conservative treatment. The only other option would be a total knee arthroplasty. It is unlikely that any other form of conservative measures would be helpful at this time, therefore the request is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, Knee and Le

ODG Indications for Surgery| -- Knee arthroplasty

Criteria for knee joint replacement (If only one compartment is affected, a unicompartmental or partial replacement is indicated. If two of the three compartments are affected, a total joint replacement is indicated.)

1. Conservative Care: Medications. AND (Visco supplementation injections OR Steroid injection). PLU

2. Subjective Clinical Findings: Limited range of motion. AND Nighttime joint pain. AND No pain relief with conservative care. PLU

3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35. PLU

4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy

(2003) (2004) (2002) (1995)

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)