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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/18/09

**IRO CASE #:**

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

The services under dispute include a right knee total arthroplasty. (CPT 27447)

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery and has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): : 4/29/08 letter, 1 page Dr., 4/3/09 denial letter, 4/16/09 denial letter, notes by Dr. 8/1/07 to 3/10/09, 8/13/07 right knee MRI report, PLN 11 of 9/11/07, 9/25/07 operative report, DD report of 10/9/08, report of 10/9/08 and a partial copy of the ODG Guides of the Knee re: knee joint replacement.

Dr.: 4/30/09 letter from Inc., work conditioning/hardening discharge summary undated and WH summaries 12/14/07 to 1/18/08, FCE of 11/26/07, diagnostic report of 9/25/07, chemistry report of 9/25/07, ECG report of 9/11/07,

We did receive a portion of the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a female who injured her right knee when she slipped and fell at work. MRI done 8/13/09 showed torn medial and lateral menisci with tricompartmental osteoarthritis. Patient underwent meniscectomy on 9/25/07. The designated doctor evaluation of 10/9/08 determined patient to be at MMI for her injury and she was given a 4% impairment rating. She sought treatment for persistent pain on 3/10/09 and has been diagnosed with right and left knee osteoarthritis, and has been recommended for surgery.

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

Patient had evidence of tricompartmental arthritis on her MRI done two weeks post injury, now has bilateral knee arthritis (per Dr 1/15/09), and is obese (5ft 0 in and 262lbs = BMI > 45). Tricompartmental osteoarthritis pre-existed her injury to her menisci (Dr 8/1/07) with trochlear groove erosion to subchondral bone noted on Dr operative report of 9/25/07. The patient's osteoarthritis clearly pre-existed her work injury and involves as well her opposite uninjured leg. Lastly, the patient is morbidly obese which is a contraindication according to the ODG.

ODG Indications for Surgery -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

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

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

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

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

Due to the patient not meeting all of the requirements for the requested surgery it is found to not be medically necessary at this time.

**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)**