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Notice of Independent Review Decision

DATE OF REVIEW: 08/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an inpatient left knee total arthroplasty 27447 with an unknown length of stay.

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. The reviewer 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 the prospective medical necessity of an inpatient left knee total arthroplasty 27447 with an unknown length of stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and MD.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: 6/2/10 precert request, office and progress notes by Dr. 7/1/08 to 6/24/10, 5/13/09 left knee MRI report, 8/1/08 surgical pathology note, 8/27/08 to 9/11/08 discharge summaries for PT, 8/8/08 PT evaluation, 7/31/08 surgical report, 6/21/10 precert request, 7/12/10 letter from unknown party and 7/1/10 FCE report.

Dr.: DWC PLN11 dated 1/15/10, employee information sheet and 7/29/09 Thoracic radiographic report.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The original injury mechanism involved having missed a three foot step and the AP has denoted an ongoing aggravation of a pre-existent degenerative condition. The has been considered for knee replacement arthroplasty. In the AP records, the claimant has been noted to have daily pain and swelling in the affected knee(s), affecting activities of daily living and workplace activities as a painter. Motion from 5-100 degrees has been noted. The claimant has been noted to have been previously treated with medications, viscosupplementation and debridement. "Marked degenerative changes" have been noted regarding the left knee. At least bicompartamental arthrosis (including being s/p partial meniscectomies and loose body removal) has been noted, and he has a chronic ACL tear.

The 5/13/09 dated left knee MRI was reviewed revealing bi-compartmental disease (including a "complex" medial meniscal tear) and an ACL tear. The 7/31/08 dated operative report was reviewed. The cruciates were noted to be intact. Meniscal debridement for the posterior lateral meniscal tear and anterior third medial meniscal tear was performed. Loose bodies were removed. The medial and lateral compartments were otherwise noted to be intact. The patella showed "no chondromalacia...the groove was good." The 7/1/10 dated FCE revealed that the claimant has a weight of 240 lbs with a ht. of 6'3".

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

Regarding ODG-applicable criteria for knee replacement as follows: The claimant has not had clear and/or recent evidence of arthroscopic and/or standing radiographic evidence of severe (at least) bi-compartmental cartilage loss supporting arthroplasty as proposed. The relatively young claimant has also not had a calculated BMI of less than 35 (although it is likely 32.5 based on the recent FCE.) Complete failure of a reasonable combination of treatment with alternative NSAIDs, viscosupplementation, aspiration-cortisone injections and/or unloader knee bracing has not been fully established. Considerations for less invasive surgical options (such as repeat arthroscopic surgery including synovectomy, proximal tibial osteotomy, PF arthroplasty) if indicated have not been discussed. With the overall minimally documented arthroscopic-radiographic findings (in this under 50 year of age individual of relatively large body habitus with reasonably high level expected ambulation levels), less invasive options are more applicable. A 'total' knee replacement is not reasonably required as per applicable clinical guidelines.

Reference: ODG Indications for SurgeryTM -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. 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, where increased BMI poses elevated risks for post-op complications. PLUS

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

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)