

Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 08/19/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right total knee replacement with LOS of 3-4 days (27447)

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the right total knee replacement with LOS of 3-4 days (27447) is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 08/10/10
- Letter of determination from – 07/14/10, 07/28/10
- Office visit notes by Dr.– 12/22/06, 06/28/10
- Work Status Report by Dr.– 05/10/10, 06/28/10
- Operative report by Dr.– 06/16/10
- History and Physical by Dr.– 05/07/10, 06/11/10
- Copy of EKG – 06/11/10
- Report of lab work – 06/11/10
- Report of chest x-ray – 06/11/10
- Orthopedic Recommendation by Dr.– 07/13/10
- Orthopedic Recommendation by Dr.– 07/27/10
- Letter of medical necessity by Dr.– 07/16/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a history of right knee problems which had led to an meniscectomy as well as an osteotomy of the right knee. She sustained a work related injury on xx/xx/xx when she stepped on rubble following an earthquake and fell to the ground. She has undergone removal of old hardware from the right knee and the surgeon is recommending a total right knee replacement.

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

The medical record documentation indicates an end-stage arthritic right knee with bone-on-bone joint spacer and valgus alignment. Range of motion studies indicate a 20 degree flexion contracture and the patient's BMI is under 35. With this much advanced arthritis, the patient would most likely not respond to conservative treatment including injections and a total knee replacement is medically necessary.

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
- AHCP- 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)