

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 01/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient LOS 3 right total knee replacement 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 inpatient LOS 3 right total knee replacement 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 – 01/11/10

- Letter of determination – 12/02/09, 12/22/09
- Letter – 01/13/10
- Clinic Notes by Dr. – 11/18/09
- Clinic Office Report by Dr. – 05/22/08 to 07/10/08
- Operative Report by Dr. – 03/17/08
- ODG Treatment Guidelines for Knee and Leg – no date

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx resulting in injury to his right knee. An MRI from 02/22/08 indicated a bucket handle tear of the medical meniscus; lateral meniscus tear and tri-compartmental degenerative joint disease. On 03/17/08, the patient underwent an arthroscopic anterior cruciate ligament reconstruction; partial medical meniscectomy; partial lateral meniscectomy and chondroplasty of the medial femoral condyle. The treating physician states that the patient has medical and lateral compartment degenerative arthritis and has recommended that the patient undergo a right total knee arthroplasty.

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

An MRI done on xx/xx/xx indicates “Extensive full thickness cartilage defects involving the weight bearing surface of the medical femoral condyle with smaller full thickness cartilage defect noted in the lateral femoral condyle; medial and lateral joint space narrowing with spurring noted” and “Tri-compartmental degenerative joint disease”. A second x-ray on 05/22/08 shows “worsening medial joint line arthritis”. An x-ray on 07/10/08 shows a rapid onset of medial arthritis. The patient is taking Celebrex, Aleve and Talwin. The patient has limitation in the right knee with flexion from 0 degree to 110 degree and a 4% total body impairment. Conservative treatment was rendered in the form of physical therapy, non-steroidal anti-inflammatory medication and pain medication in the form of Talwin. The patient has failed non-operative therapy and therefore, the total knee replacement is medically indicated.

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)