



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

REVIEWER'S REPORT
Independent Review, Inc.

DATE OF REVIEW: 05/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient left total knee arthroplasty with three-day inpatient stay

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
717.9	27447		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of reviewer and TDI case assignment
2. TDI case assignment
3. Letters of denial, 04/19/10 and 04/27/10, including criteria used in the denial
4. Treatment history for the past twelve months by carrier and ODG/TWC
5. Operative reports, 07/08/09 and 02/24/10
6. Bone scan, 11/16/09
7. Evaluation and office visits, 05/19/09 through 04/01/10, fourteen visits
8. Pain medicine evaluation, 10/15/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered internal derangement to the knee at work and eventually underwent arthroscopic evaluation and treatment. The patient underwent debridement but was found to have significant arthritic changes in the knee. Postoperatively the patient had some fusions, and this was tapped and aspirated. However, it did not grow out any bacteria. A bone scan revealed increased uptake in the knee and proximal tibia. Total knee arthroplasty has been recommended for definitive treatment of this patient's severe arthritis in the knee.

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

The patient's insurance company denied the total knee arthroplasty based on some data including final culture results and evaluation of conservative care. The patient certainly failed conservative management up until the knee arthroscopy and including the arthroscopy; therefore, conservative care certainly failed in

this case. In addition, the cultures were found to be negative, and a patient at this point is a candidate for total knee arthroplasty and fits the ODG Guidelines for this. Request for total knee arthroplasty is medically reasonable and necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)