



REVIEWER'S REPORT

DATE OF REVIEW: 06/19/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Total knee arthroplasty, right knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering osteoarthritis of the knees

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters, 06/02/10, 04/30/10
4. Fax cover sheet, 06/09/10
5. URA records including precertification request, 04/27/10
6. Patient demographics
7. Clinical notes, M.D., 02/24/10, 04/19/10, 11/07/08, 11/12/08, 11/19/08, and 10/29/09
8. History and physical examination, 11/07/08, M.D.
9. X-ray reports, 10/11/08, 11/07/08, 10/21/08, 07/14/04
10. Bone and Joint Clinic clinical notes, M.D., 04/02/02, 03/04/03, 12/02/99, and 04/08/03
11. MRI scan, right knee, 04/04/00
12. Operative report, 02/09/00, diagnosis osteoarthritis, right knee, drilling and shaving medial femoral condyle

13. Clinic notes, 10/11/08, 05/26/09
14. Handwritten clinical note, 04/26/02

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female with radiographic evidence of mild to moderate osteoarthritis involving the right knee, principally involving the medial compartment with some involvement in the patellofemoral compartment, less so the lateral compartment. She suffered this osteoarthritic change prior to a fall, which occurred on xx/xx/xx. She suffered worsening of her symptoms of knee pain. However, there is no specific documentation of diminished range of motion. Her primary complaint is knee pain. She has medial joint line tenderness documented, and no specific mechanical symptoms are reported. She has been treated with nonsteroidal anti-inflammatory medication, intraarticular cortisone injections, and at least one complete series of Supartz hyaluronic acid injections. There is no documentation of physical therapy. A request to preauthorize total knee arthroplasty of the right knee has been considered, denied, reconsidered and denied. The only mention of the patient's weight occurs in clinical notes 10/11/08 and 05/26/09. On 10/11/08 the patient's weight is reported as 210 pounds and on 05/26/09 at 206 pounds. There is no recorded height, and as such, BMI cannot be calculated.

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

There is insufficient documentation to allow authorization for total knee arthroplasty of the right knee. The patient's height is not recorded in the medical records. Her weight would suggest that BMI may not meet criteria to allow preauthorization of total knee arthroplasty. Furthermore, there is insufficient documentation of response to standard therapy. It is clear that she has been treated with nonsteroidal anti-inflammatory medications and intraarticular therapy including cortisone injections and Supartz injections. The effect of these therapeutic maneuvers is not documented. Interference with the activities of daily living is also not documented in the medical records provided with this request for further consideration and preauthorization of total knee arthroplasty. It would appear that previous denials of this request were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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.)