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Notice of Independent Review Decision

DATE OF REVIEW: 04/29/10

IRO CASE NO.: 26674

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Inpt los 3 Conversion of hemi-arthroplasty to revision of rt total knee replacement

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Chiropractic Note, 03/20/09
2. Clinical Note, 04/24/09
3. MRI of the Right Knee, 04/07/09
4. Orthopedic Progress Note, 05/04/09
5. Progress Note, 05/27/09
6. Progress Note, 06/24/09
7. Progress Note, 07/22/09
8. Clinical Note, 07/24/09
9. Progress Note, 08/26/09
10. Operative Report, 09/17/09
11. Progress Note, 09/23/09
12. Clinical Note, 10/20/09
13. Progress Note, 10/21/09
14. Appeal Letter, 11/18/09
15. Progress Note, 11/18/09
16. Progress Note, 12/16/09
17. Progress Note, 01/27/10
18. Clinical Note, 01/28/10
19. Second Opinion, Orthopedic Note, 02/08/10
20. Progress Note, 03/08/10
21. Progress Note, 03/24/10
22. Previous Denial, 03/15/10

23. Previous Denial, 04/02/10

24. Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he slipped on a wet floor and twisted his right knee.

The employee underwent arthroscopic surgery in 2006 on his right knee, and again in 2008, had surgery with a partial knee replacement. Finally, the employee underwent an arthroscopy on 09/17/09, with chondroplasty and lateral release.

After the last surgery, the employee continued to complain of knee pain. On second opinion examination, the employee walked with a limp and had no erythema or warmth; there was a healed incision of the knee with 0 to 140 degrees of motion with pain. There was tenderness over the medial femoral condyle; there was reported varus and valgus instability with stress testing. Radiographs were reported to demonstrate narrowing in the medial compartmented. The progress note from the treating physician dated 03/08/10 revealed tenderness in the infrapatellar region and with compression of the patellofemoral joint.

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

Agreement is made with the previous reviews. There is no submitted clinical documentation of independent radiographic reports that demonstrate worsening arthritis or joint space narrowing. There is no submitted clinical documentation of conservative care other than therapy. There has been no submitted clinical documentation of hyaluronic acid or corticosteroid injections at this time. In consideration of the records and facts presented, there is little supportive evidence to recommend overturning the prior denials.

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

1. **Official Disability Guidelines**, Knee and Leg Chapter, Online Version