

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Total Knee Revision-patella vs. lateral release, vs. scar release vs. phyte removal

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

xxxx, 2/26/10, 3/11/10

M.D. 5/20/08 to 3/16/10

xxxx Note 12/31/09

xxxx 12/31/09

Medical Summary 9/11/07 to 3/16/10

xxx 9/11/07, 9/14/07, 9/24/07

xxxx 9/12/07 to 2/17/10

xxxx 9/12/07 to 1/12/09

xxxx 11/6/09, 8/4/08, 9/8/08, 1/2/2009

Advanced Imaging 11/29/07

Drug 12/6/07

xxxx 1/4/08

MSO 2/13/08

M.D. 3/12/08

xxxx 4/11/08, 5/2/08, 6/6/08, 6/27/08, 8/6/08, 10/3/08, 1/21/10, 11/24/08

M.D., P.A. 4/22/08, 5/5/08

xxxx 5/1/08

xxxx 7/30/08

Diagnostics 10/21/08

xxxx 10/28/08

Anesthesia 1/19/09 to 3/8/10

xxxx 3/4/09, 3/18/09, 3/25/09, 5/6/09, 5/20/09, 5/27/09, 8/19/09

Physical Therapy 7/30/09

xxxx 9/8/09, 10/6/09, 11/3/09, 12/8/09
M.D. 9/30/09, 3/5/10
xxxx 11/12/09
xxxx 12/1/09
xxxxx 12/31/09
Initial Evaluation 2/8/10
ODG Knee: Indications for Surgery – Knee arthroplasty

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who was injured and has had multiple treatments over a long period for various problems. The patient has a pre-existing condition of bypass surgery for morbid obesity. The patient has been through pain management and had spinal cord stimulators implanted, removed and re-implanted. The patient has had elbow complaints and foot complaints. She has had total knee replacements. Apparently there is no evidence of loosening or evidence of infusion. The knee is said to be painful with maltracking, although while this is noted in the diagnosis, there is no evidence from any imaging studies or physical examination if this is the case. It would appear that the current request is for Right Total Knee Revision-patella vs. lateral release, vs. scar release vs. phyte removal.

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

The requesting physician's proposed treatment consists of possible revision of the patella versus possible lateral release versus possible scar excision versus possible osteophyte removal. It is unclear from the records what the diagnosis for this patient actually is and what the surgical procedure should be for this patient. Certainly the medical records do not reflect support for any of the requested procedures. In fact, there is sufficient evidence in the records that there is no evidence of loosening. The cause of this patient's pain appears to be completely unclear. The performance of another surgical procedure in a patient who is already accessed with an unusual amount of medical care with various levels of success does not conform to the specific requirements of the ODG Treatment Guidelines and Disability Guidelines. A definitive diagnosis prior to embarking on a surgical procedure would be necessary, and other psychological and secondary issues would need to be eliminated. It is for this reason the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Right Total Knee Revision-patella vs. lateral release, vs. scar release vs. phyte removal.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)