

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 3, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP: Lt Knee Replacement w/computer assist

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

This physician is a Board Certified Orthopedic surgeon with 43 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, the claimant was evaluated by D.O., an orthopedic surgeon.
Diagnosis: 1. Moderate to advanced arthrosis of the left knee. 2. Meniscal tear left knee. 3. Bi parte patella with arthrosis of the left knee. He has complaints of

instability, pain that is non-radiating in nature, swelling after walking 14 blocks that goes away with elevation and ice. He is taking Naproxyn and Vicodin for pain, which helps. The injections he received helped for a few days with no long-term relief. He is 6'2" and weighs 295 pounds. His range of motion is 3 to 100 degrees. He has positive McMurray's.

On xx/xx/xx, x-rays of the left knee were performed. Impression: Mild to moderate arthrosis of the left knee.

On September 9, 2010, M.D., an orthopedic surgeon, performed a utilization review on the claimant Rational for Denial: There was no evidence provided that this patient had stretching or strengthening exercises or had maximized the effect of oral medications. There were no PT progress notes attached indicating non improvement. The clinical information did not provide objective documentation of the patient's clinical and functional response from the mentioned Synvisc injections. The patients BMI is 37.9, based on the guidelines BMI should be less than 35. Therefore, it is not certified.

On October 8, 2010, D.O., an orthopedic surgeon, performed a utilization review on the claimant Rational for Denial: The documentations of failure of conservative management done to the patient including Physical Therapy progress notes and adequate response to the pain medications were not provided for review. The clinical information did not provide objective documentation of the patient's clinical and functional response from the mentioned Synvisc injections. The claimant exceeds the recommended maximum BMI of 35. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On the claimant sustained an injury to the left knee described as a "hyper-extension injury".

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

The previous decisions are upheld, based on the lack of medical documentation of conservative care and due to the fact the claimant exceeds the maximum BMI of 35.

ODG Indications for Surgery -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Medications. AND (Visco supplementation injections OR Steroid injection). PLUS

2. Subjective Clinical Findings: Limited range of motion. AND Nighttime joint pain. AND No pain relief with conservative care. PLUS
3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS
4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy. ([Washington, 2003](#)) ([Sheng, 2004](#)) ([Saleh, 2002](#)) ([Callahan, 1995](#))

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)**