

SENT VIA EMAIL OR FAX ON
Nov/08/2010

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Total Knee Replacement with Tendon Reconstruction

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

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

OD Guidelines

Office notes, Dr. 01/08/10

Right knee X-ray, 07/23/10

Office notes, Dr., PA-C, 07/23/10, 08/27/10, 10/08/10

PT Note, 07/31/10, 10/08/10

Peer review, Dr., 08/25/10

Letter, Dr., 09/01/10

Peer review, Dr., 09/09/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained work related injury to his right knee on xx/xx/xx. Neither the mechanism of injury nor the initial diagnosis was provided. The claimant reportedly had multiple surgeries on both of his knees.

X-rays done on Dr. office on 01/08/10 revealed post-traumatic degenerative joint disease of both knees. The claimant underwent a left total knee arthroplasty on 05/15/10. When the claimant was seen in follow-up on 07/23/10, an x-ray of his right knee that day showed a comminuted fracture of the claimant's right patella. On examination the claimant had positive posterior and anterior drawer test. There was significant crepitus noted on flexion and extension of his knee. A right total knee arthroplasty was recommended. This was denied in a peer review on 08/25/10.

A medical record dated 08/27/10 from Dr. office indicated that the claimant had had physical therapy as well as multiple injections without benefit. On examination the claimant had significant popping, clicking and grinding throughout the range of motion of his right knee. It was noted that the claimant required daily use of narcotics and anti-inflammatories.

In his appeal letter, dated 09/01/10, Dr. stated that the claimant had received multiple cortisone injections and had undergone several surgeries on his right knee that included an anterior cruciate ligament repair and medial and lateral meniscectomies. He indicated that originally the decision regarding the approval of the claimant's right knee arthroplasty was to be considered by the outcome of his left knee arthroplasty and the claimant was doing fantastic with his left knee arthroplasty.

A second peer review on 09/09/10 again noncertified the right total knee arthroplasty because the clinical information reviewed did not provide objective documentation of the patient's clinical and functional response from the steroid injections, no procedural reports were provided for these injections and a recent BMI was not documented. The minimal supporting documentation hindered the medical necessity of this procedure for approval.

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

The evidence based ODG guides suggest that total knee arthroplasty is indicated for individuals who have degenerative changes in at least two of the three knee compartments, have failed conservative care in the form of medications and injections plus have subjective complaints of limited motion, night time pain, objective findings of osteoarthritis on imaging. Typically, they are over 50-years-of-age and have a body mass index of less than 35.

Records document x-rays which show posttraumatic degenerative change. According to Dr. this was documented in all three compartments. Furthermore, records document conservative treatment, which has included corticosteroid injections, surgical reconstruction and debridement and activity modification. The issues in this particular case would appear to center around the patient's age, and his body habitus.

Reasonable exception can be made for the patient's age if in fact they have truly exhausted all forms of conservative care and have advanced degenerative changes on imaging. Thus one could reasonably suggest that if all is true in this case, that the patient is xxx would not represent a reasonable contraindication for surgery, thus surgery could in fact be reasonably recommended for a xxx with advanced DJD.

Lastly, the only remaining issue is the patient's BMI. Although we do not have his height, there is a record from Rehab Center that estimates his weight at 195. With that said, his weight certainly does not appear to be excessive and while he may or may not fall within the ideal level of BMI of 35, his weight is certainly not beyond that which would exclude him from being reasonable and medically necessary.

Overall, in this particular case, this reviewer would respectfully agree with the request of total knee arthroplasty as being reasonable and medically necessary and would respectfully disagree with the two previous providers who deemed this gentleman as not a reasonable and appropriate candidate.

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 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)