

SENT VIA EMAIL OR FAX ON
Aug/20/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Total Knee Arthroplasty

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

Review, Dr. 07/06/10

Reviews, Dr. 07/22/10, 08/02/10

Office notes, Dr., 11/06/02, 11/14/02, 12/13/02, 01/23/03, 02/20/03, 04/03/03, 05/08/03, 07/17/10

MRI right knee, 06/04/10

Office note, , 06/07/10

Letter, Dr., 07/13/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported right knee injury on xx/xx/xx when she hyper-extended and twisted the knee while stepping off a curb. The claimant has a history of prior right knee arthroscopy with medial meniscus tear and possible meniscal repair on an unknown date, as well as an anterior cruciate ligament reconstruction in November or

December 2002 following a right knee injury while squatting. The claimant is six feet tall and weighs 210 pounds and was noted to take Nexium. An office note from Dr on 11/06/02 noted radiographic findings of a screw in the lateral side of the right femur and mild degenerative changes, as well as prior arthroscopy for bucket handle medial meniscal tear. On 11/14/02 Dr. reviewed recent MRI findings that were consistent with a medial meniscal tear and chronic anterior cruciate ligament (ACL) deficient knee. The claimant treated with postoperative physical therapy following her ACL reconstruction and was released to regular duty work with full knee motion noted on 05/08/03.

Following the 05/26/10 injury, MRI evaluation of the right knee obtained on 06/04/10 showed a complex medial meniscus tear in the posterior horn that radiated into the inner concavity of the body of the meniscus; severe arthritic changes, most prominent in the medial compartment with marked loss of cartilage, large protruding osteophytes, joint space narrowing and reactive subchondral edema in the medial femoral condyle and medial tibial plateau; cartilage loss in the lateral compartment, particularly along the central portion of the lateral femoral condyle; mild chondromalacia of the patellar cartilage, particularly in the medial facet; ACL graft disruption; small effusion; and intact lateral meniscus, collateral ligaments, posterior cruciate ligament, quadriceps tendon and patellar tendon. The claimant treated with a knee immobilizer, crutches and anti-inflammatories. Dr. saw the claimant again on 06/17/10 with notation the claimant had advanced osteoarthritis as well as significant meniscal and ligamentous pathology. Physical examination demonstrated marked varus alignment; marked tenderness at all three compartments; and positive anterior drawer and Lachman tests. Radiographs taken on 06/17/10 showed advanced osteoarthritis of the knee. Dr. indicated the recent injury aggravated the claimant's osteoarthritis and may have disrupted the prior ACL reconstruction and meniscal repair. Recommendation was made for total knee replacement as Dr. did not feel that simply redoing the ACL reconstruction and meniscal repair would return the claimant to her level of function. Dr felt that total knee replacement would provide stability and relieve the claimant's pain. Dr. provided a letter dated 07/13/10 that indicated the claimant had bone on bone throughout the largest part of her knee with a history of multiple prior procedures. Dr. stated he did not feel that any type of conservative care would get the claimant back to work on a regular basis and that physical therapy or injections would offer very limited benefit or return her to full activities. Right total knee arthroplasty continued to be recommended.

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

In this case, it would appear that arthritic symptoms have been present for less than three months although changes are significant. In that nearly three-month interval fairly minimal conservative care is documented. There is documentation of the use of heat, ice, anti-inflammatories and crutches. There is no documentation of steroid injection or Viscosupplementation injection. Although the treating physician suggests that the arthritis was "aggravated" by a recent event, there is no actual structural damage documented to suggest that the event would in any way aggravate, accelerate or alter the natural history of the aging process. When on turns to the ODG Guidelines, this claimant would be still optimally young. Night pain has not been documented, fairly minimal conservative treatment has been documented and has not included Viscosupplementation or steroid injections. The guidelines would simply not be satisfied for the recommended intervention.

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)