

Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 04/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee replacement 27447

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the right knee replacement 27447 is not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/08/11
- Decision letter– 03/15/11, 03/28/11
- Office visit notes– 01/15/10 to 01/17/11
- Report of MRI of the right knee – 08/14/09
- Patient referral– 08/18/09
- History and Physical by Dr.– 08/27/09
- Progress notes by Dr.– 08/03/09 to 08/18/09
- Office visit notes by Dr.– 08/27/09 to 10/08/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker with a history of a left knee replacement sustained a work related injury on XX/XX/XX when she twisted her right knee. She has had persistent pain in spite of non-operative treatment utilizing NSAID medication, activity modification, physical therapy, intra-articular injections including synvisc and topical medication. She suffers internal derangement of the knee with symptoms suggestive of loss of meniscal

integrity. Additionally, an MRI on 08/14/09 confirms tricompartmental osteoarthritis. The patient's treating physician has recommended a total knee arthroplasty. Physical examination on 01/17/11 revealed a 20 degree varus deformity and range of motion 0-110 degrees with moderate effusion. The patient's height is XX inches and she weighs XXX pounds with a BMI of 46.0 (obese). There is also the presence of a mass on the lateral aspect of the knee that is documented without further evaluation.

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

The evaluation of this patient's knee pain includes an MRI scan that is 14 months old. There is a mass present on the lateral aspect of the knee which has not been described previously. The patients stand X feet XX inches in height and weighs XXX pounds. Her BMI is 46.0 which is classified as obese. Post operative complications are more likely to occur when obese patients undergo a total knee joint arthroplasty. Such surgery should be avoided and should be considered as contraindicated by obesity. Therefore, it is determined that the medical necessity for the total knee replacement has not been established.

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 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)