

Notice of Independent Review Decision

**DATE OF REVIEW:** 08/01/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left total knee replacement w/LOS 3-5 days 27447

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

The TMF physician reviewer is a board certified orthopedic surgeon 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 left total knee replacement w/LOS 3-5 days 27447 is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 07/20/11

- Notice of adverse determination – 03/23/11, 06/03/11
- Notice of reconsideration determination – 07/15/11
- Pre-authorization request from Dr. – 03/21/11
- Pre-authorization appeal from Dr. – 05/31/11
- Letter from Dr. to – 03/16/11, 06/07/11
- Report of MRI of the left knee – 02/16/11
- Physical therapy flow sheet for 04/07/11 to 05/09/11
- Daily therapy notes – 04/11/11 to 05/03/11
- Physical therapy patient evaluation – 03/31/11, 05/05/11
- Physical therapy preauthorization request from Dr. – 04/01/11, 05/06/11
- Prescription for physical therapy – 03/29/11, 05/06/11
- Patient health history update by Dr. – 03/21/11 to 06/20/11
- Report of x-ray of the left knee – 03/09/11
- Visit notes 02/10/11 to 02/17/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury on xx/xx/xx when she missed the bottom step on the bus and collapsed toward the ground with her calf being pushed to the thigh. She suffered a forced flexion injury to her left knee and an MRI documented chondromalacia and meniscus tear. The patient has undergone physical therapy treatments, activity modification and ambulation aid but there is no documentation of medication treatment either oral or intra articular injection. Her range of motion is from 0 to 90 degrees and x-ray documentation reveals varus right knee 15 degrees and left 10 degrees. There is a recommendation for a total knee arthroplasty of the left knee.

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

This patient fails to meet the clinical criteria published in the ODG, 2011, knee chapter; total knee arthroplasty. Specifically, the patient is less than 50 year of age and has a calculated BMI greater than 35. There is little clinical documentation of non-operative treatment other than physical therapy and activity modification.

**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)**