

SENT VIA EMAIL OR FAX ON
Aug/19/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Total Knee Replacement with LOS 3-5 days

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

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries on xx/xx/xx. The mechanism of injury is not provided. The submitted clinical records indicate the claimant underwent a series of Supartz injections which were initiated on 04/05/11 and completed on 05/03/11. The record does not contain any documentation prior to these dates.

MRI of left knee was performed on 05/23/11. This study notes a moderately large joint

effusion without evidence of ligamentous disruption. There are prominent degenerative changes with marginal spurring and loss of joint space as well as subchondral degenerative cystic changes most pronounced in medial compartment where there is prominent cartilage thinning. There is degenerative meniscal signal seen in the medial meniscus without clear cut full thickness tear. There is thinning of the patella cartilage most pronounced medially. There is a small popliteal cyst.

On 06/07/11 the claimant was seen in follow-up by Dr.. The claimant is reported to be status post Supartz injections and MRI of left knee. It is reported that standing radiographs were performed and showed dramatic changes in medial joint space with bone on bone and subchondral sclerotic changes and collapse of medial side. She is noted to be hobbling. She has dramatic medial joint line pain and tenderness. She reported giving way and locking, nighttime pain and discomfort. She has seen no real difference with Supartz injections. She subsequently is recommended to undergo left total knee arthroplasty. There is reference noted that there will be attempted bracing prior to surgical authorization for total knee replacement.

The request was reviewed on 06/23/11 by Dr.. Dr. notes that there is no documentation of objective findings of the claimant's body mass index. He opines the request is not medically necessary.

The appeal request was reviewed by Dr. on 07/19/11. Dr. notes that there was no documentation establishing the claimant's response to conservative treatment. He noted there are no BMI or anthropometrics submitted for review. As such, the request was not medically necessary.

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

The request for left total knee arthroplasty with LOS of 3-5 days is not supported by the submitted clinical information. The record contains no early historical data that establishes the claimant has undergone and exhausted conservative treatment. While the record indicates the claimant has undergone Supartz injections, there is no other documentation supporting physical therapy, corticosteroid injections, or unloading brace. MRI dated 05/23/11 indicates evidence of medial compartment collapse with changes in the patellofemoral joint. The record is devoid of any data to establish the claimant's BMI. Given the lack of historical and supporting documentation, the previous denials were appropriate and the prior determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES