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Notice of Independent Review Decision

DATE OF REVIEW: 12/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of revision of total left knee arthroplasty with 3 day inpatient stay.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of revision of total left knee arthroplasty with 3 day inpatient stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 11/23/11 denial letter, 11/16/11 letter by OPA-C, 10/24/11 denial letter, 10/19/11 surgery precert form, 8/5/11 to 10/7/11 office notes from, 9/9/11 Rehab progress note, and 9/14/11 to 9/22/11 rehab daily notes.

: 8/9/11 rehab report LE and 9/1/11 rehab progress note.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx this patient sustained an injury when she fell and hurt her left knee. Clinical notes from the attending physician (and physical therapy) were reviewed. "Better quad. Control" was noted in a PT report from 9/18/11. There was reported painful instability and swelling post total left knee arthroplasty (in 2009), despite the use of medications and therapy. Exam findings include an antalgic crutch-associated gait, joint line tenderness, a 1+ effusion, 4/5 strength at the knee, and painful knee motion from 0-110 degrees of flexion. 1-2+ instability was noted on provocative testing. Left knee x-rays revealed normal alignment without evidence of loosening. The patient was fitted with a brace. An 11/16/11 dated appeal letter discussed the painful "gross instability." Denial letters discussed the lack of established loosening, infection or gross instability, along with the lack of documented trial and failure of comprehensive non-operative treatments.

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

Documentation of a failure of a prescribed independent therapy/exercise program and/or a comprehensive bracing program has not been submitted. Loosening, instability and/or infection have not been fully diagnosed on clinical and/or imaging findings. Without gross clinical instability, clinical or radiographic evidence of prosthesis loosening (lucent lines, osteolysis, abnormal scan(s) and/or evidence of infection (positive aspiration, abnormal CRP, ESR, CBC, abnormal bone scan(s); medical necessity of revision arthroplasty and inpatient overnight stay has not been documented to comply with the ODG requirements. Therefore, the requested procedure is found to not be medically necessary at this time.

Reference: ODG Knee Chapter

ODG Indications for Surgery -- Criteria for knee joint replacement

1. Conservative Care: Medications. AND (Visco supplementation injections OR Steroid injection). PLUS

2. Subjective Clinical Findings: Limited range of motion. AND Nighttime joint pain. AND No pain relief with conservative care. PLUS

3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS

4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy.

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)