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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee arthroplasty, CPT 27447, los 3 days

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.16	27447		Prosp	1					Upheld

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 22 pages of records received to include but not limited to: Transaction report; request for preauthorization 10.13.10; Bone and Joint Institute records 9.10.10-10.26.10; Hospital report 9.6.10; Initial medical report 9.8.10

Requestor records- a total of 16 pages of records received to include but not limited to: notice of an IRO; Bone and Joint Institute records 9.10.10-12.8.10;; Diagnostic Health report 9.10.10, 9.21.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented begin with a determination of non-certification for a total knee arthroplasty. Dr. noted that there was an xx/xx/xx left knee contusion. There was marked osteoarthritis noted at the time of injury. There were 12 pages of medical records that were "illegible." There is an indication of a prior left knee arthroscopy. There was no evidence of fracture or dislocation or DVT. All that is noted in the pre-existing bone-on-bone arthritis. Secondary to the lack of clinical information Dr. attempted to contact the requesting provider. This was unsuccessful and the request was non-certified.

A reconsideration was sent to Dr.. The lack of clinical data was overcome, and it is now noted that the claimant is 5'4" and weighs 295 pounds. The BMI (50.6) is in excess of the standards listed in the ODG. The request was non-certified.

The medical records from Dr. note left leg pain and swelling of three weeks duration. The mechanism of injury was described as being struck by an object. The social history includes that the injured employee consumes 2½ packs of cigarettes per day. Lower extremity sonogram noted no evidence of a DVT. MRI of the left knee noted prominent medial osteoarthritis of the left knee and no acute pathology. A steroid injection was performed. Plain films dated October 7, 2010 noted severe arthritic changes, bone-on-bone findings medially and arthritic changes in the patellofemoral joint. Dr. felt that the severe arthritis was "aggravated" by the trauma. A left TKR was suggested. The medications prescribed were Ambien and Celebrex. However, the next note indicates that the claimant was demanding narcotics. It was also noted that there was poor dental hygiene which could compromise the proposed procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines the standards for a total knee arthroplasty are:

ODG Indications for Surgery™ -- Knee arthroplasty:

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. ([Washington, 2003](#)) ([Sheng, 2004](#)) ([Saleh, 2002](#)) ([Callahan, 1995](#))

As noted, the BMI exceeds the parameters, there are noted dentician issues which would negate the surgery and this surgery is addressing ordinary disease of life degenerative changes and not the sequale to the compensable event. There is no notation of any attempts at visco-

supplementation. There is no cardiac clearance and when noting the morbid obesity, the success of this surgery and required rehabilitation is doubted. There is osteoarthritis; however, there is no clear clinical indication of the efficacy of this procedure when noting the numerous co-morbidities.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES