



IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/31/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total knee replacement with a four day length of stay

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

Board Certified in 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)

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.

Left total knee replacement - Upheld
Four day length of stay - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-rays of the lumbar spine and knees interpreted by A.R.R.T. dated 05/07/09

Evaluations with M.D. dated 05/07/09, 05/21/09, 05/26/09, 07/10/09, 07/24/09, 08/28/09, 09/25/09, 10/26/09, 11/23/09, 12/21/09, 01/27/10, 02/04/10, 02/23/10, 03/09/10, 03/23/10, 04/20/10, 05/19/10, 06/18/10, 07/15/10, 08/23/10, 09/20/10, 10/20/10, 11/17/10, 12/15/10, 01/12/11, 03/09/11, and 04/06/11

DWC-73 forms from Dr. dated 05/07/09, 05/21/09, 06/26/09, 07/10/09, 07/24/09, 08/07/09, 08/28/09, 09/25/09, 10/26/09, 11/23/09, 12/21/09, 01/20/10, 02/04/10, 02/23/10, 03/09/10, 03/23/10, 04/20/10, 05/19/10, 06/17/10, 07/15/10, 08/23/10, 09/20/10, 10/20/10, 11/17/10, 12/15/10, 01/12/11, 02/09/11, 03/09/11, and 04/06/11

An occupational therapy evaluation with an unknown therapist (signature was illegible) dated 05/11/09

Occupational therapy with the same unknown therapist dated 05/13/09, 05/14/09, 05/18/09, 05/20/09, 05/22/09, and 05/26/09

MRIs of the knees on 06/02/09 and interpreted by, M.D.

An MRI of the lumbar spine interpreted by, M.D. dated 06/02/09

A health insurance claim form from, M.D. dated 07/09/09

An MRI of the left knee interpreted by Dr. dated 07/09/09

Evaluations with, M.D. dated 08/05/09, 09/11/09, 09/25/09, 09/30/09, 10/23/09, 11/06/09, 11/23/09, 12/02/09, 12/18/09, 01/04/10, 01/08/10, 01/18/10, 02/01/10, 05/28/10, 06/14/10, 07/12/10, 07/16/10, 07/26/10, 08/11/10, 08/25/10, 08/30/10, 09/08/10, 09/17/10, 02/01/11, 02/16/11, 03/02/11, 03/23/11, 04/06/11, 04/20/11, 04/25/11, 04/29/11, and 05/04/11

Evaluations with M.D. dated 08/17/09 and 09/28/09

Laboratory studies dated 08/18/09, 09/09/09, and 02/02/11

X-rays of the chest interpreted by M.D. dated 08/19/09

Operative reports from Dr. dated 09/10/09, 12/01/09, and 02/01/11

Physical therapy evaluations with P.T. dated 10/26/09, 11/18/09, 12/03/09, 12/29/09, 01/20/10, 02/03/10, and 03/17/11

Physical therapy with Ms. dated 10/29/09, 11/05/09, 11/10/09, 11/11/09, 11/12/09, 11/17/09, 11/18/09, 11/19/09, 11/22/09, 12/03/09, 12/08/09, 12/09/09, 12/10/09, 12/16/09, 12/17/09, 12/20/09, 12/29/09, 12/31/09, 01/07/10, 02/02/10, 02/15/10, 02/21/10, 02/25/10, 03/16/11, 03/17/11, and 03/22/11

Physical therapy with P.T. dated 11/03/09

Physical therapy with P.T. dated 11/04/09

X-rays of the lumbar spine interpreted by M.D. dated 11/24/09

Physical therapy with P.T.A. dated 11/25/09, 12/15/09, 12/23/09, 12/30/09, 01/05/10, 01/06/10, 01/12/10, 01/13/10, 01/14/10, 01/19/10, 01/20/10, 01/21/10, 02/03/10, 02/16/10, and 02/17/10

Physical therapy with P.T. dated 12/22/09

Treatment authorization request forms from Dr. dated 01/05/10

DWC-73 forms from Dr. dated 02/01/10, 06/14/10, 08/25/10, 09/08/10, and 02/16/11

An impairment rating evaluation with M.D. dated 02/18/10

Physical therapy with P.T.A. dated 02/22/10

An MRI of the left knee interpreted by M.D. dated 06/11/10

A health insurance claim form from Dr. dated 06/11/10

A letter of non-certification, according to the Official Disability Guidelines (ODG), from, M.D. dated 07/16/10

A letter of non-certification for right knee replacement, according to the ODG, from, M.D. dated 08/31/10

A letter of non-certification for right knee replacement, according to the ODG, from M.D. dated 09/17/10

A Designated Doctor Evaluation with M.D., dated 09/25/10

X-rays of the knees interpreted by Dr. dated 10/19/10

Letters of approval for right knee replacement dated 12/03/10 and 01/11/11

X-rays of the chest interpreted by M.D. dated 01/25/11

A Designated Doctor Evaluation with M.D. dated 01/28/11

X-rays of the knees interpreted by M.D. dated 01/28/11

A physical therapy evaluation with P.T. dated 02/21/11

Physical therapy with Mr. dated 02/21/11, 03/07/11, 03/09/11, 03/10/11, 03/14/11, 03/24/11, 03/28/11, 03/30/11, 03/31/11, 04/04/11, 04/14/11, 04/19/11, and 04/21/11

Physical therapy with P.T. dated 03/01/11, 04/07/11, and 04/13/11

Physical therapy with P.T. dated 03/04/11

Physical therapy with P.T. dated 03/21/11 and 02/21/11

Physical therapy with P.T. dated 04/05/11

An MRI of the lumbar spine interpreted by Dr. dated 04/16/11

A letter of non-certification for left knee replacement, according to the ODG, from M.D. dated 04/26/11

A letter of non-certification for left knee replacement, according to the ODG, from M.D. dated 05/11/11

The ODG Guidelines were provided by the carrier/URA

PATIENT CLINICAL HISTORY

X-rays of the knees interpreted on 05/07/09 showed a suspicious suprapatellar joint effusion with slight subluxation of the right knee and minimal narrowing of the lateral tibiofemoral joint with minimal suprapatellar joint effusion of the left knee. Occupational therapy was performed from 05/13/09 through 05/26/09 for a total of six sessions. MRIs of the knees interpreted by Dr. on 06/02/09 showed degenerative changes of the right knee with a suspicious lateral meniscus tear and a subtle compression fracture of the left knee lateral tibial plateau with complex meniscal tear. An MRI of the lumbar spine interpreted by Dr. on 06/02/09 showed degenerative disc disease at L5-S1. An MRI of the left knee interpreted by Dr. on 07/09/09 showed a subtle compression fracture of the lateral tibial plateau and a complex meniscal tear of the lateral meniscus anterior and posterior horns. On 08/17/09, Dr. recommended an EMG and x-rays of the lumbar spine. On 09/10/09, Dr. performed left knee surgery. On 10/23/09, Dr. recommended physical therapy of the left knee. Physical therapy was performed with Ms. from 10/29/09 through 03/22/11 for a total of 26 sessions. On 11/06/09, right knee surgery was recommended and was performed by Dr. on 12/01/09. Physical therapy was performed with Ms. from 11/25/09 through 02/17/10 for a total of 15 sessions. On 02/18/10, Dr. felt the patient was not at Maximum Medical Improvement (MMI) due to his back. On 03/09/10, Dr. released the patient to full work duty but he was returned to restricted duty as of 03/23/10. X-rays of both knees on 05/28/10 were unremarkable. MRIs of both knees interpreted by Dr. on 06/11/10 showed a questionable tiny re-tear in the lateral meniscal remnant of the left knee with severe chondromalacia in the tibial plateau, as well as chondromalacia in the lateral compartment with possible small re-tear of the posterior horn lateral meniscus in the right knee. On 06/14/10, Dr. recommended a return to work with restrictions and stated a total knee replacement would likely be needed in the future. On 07/16/10, Dr. wrote a letter of non-certification for a right total knee replacement. A right knee steroid injection was performed with Dr. on 08/11/10. On 08/31/10, Dr. wrote a letter of non-certification for a total right knee replacement. On 09/08/10, Dr. recommended a right total knee replacement. On 09/25/10, Dr. felt the patient was not at MMI. X-rays of the knees interpreted by Dr. on 10/19/10 showed moderate narrowing of the lateral joint compartment in the left knee. On 12/15/10, Dr. recommended another lumbar MRI. On 01/28/11, Dr. felt the patient was not at MMI since a right knee replacement had been scheduled. A total right knee replacement was performed by Dr. on 02/01/11. Physical therapy was performed with Mr. from 02/21/11 through 04/21/11 for a total of 13 sessions. An MRI of the lumbar spine interpreted by Dr. on 04/16/11 showed disc narrowing at L5-S1 with a bulge. On 04/20/11 and 05/04/11, Dr. recommended a left total knee replacement. On 04/26/11, Dr. wrote a letter of non-authorization for left total knee replacement. On 05/11/11, Dr. also wrote a letter of non-authorization for a left total knee replacement.

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

The described mechanism of injury was falling out of a trailer. His reported injury included his low back and his knees. Subsequent imaging studies to include both plain x-rays as well as MRI scan documented loss of articular cartilage space and cystic changes in the subchondral area of the tibial plateau. There were reports of complex tears of the menisci of both knees. The patient subsequently underwent arthroscopy to both knees at separate times. The operative report of the arthroscopic procedures again documented degenerative changes.

The medical documentation reports improvement following the procedure, but the patient reported no long-standing improvement. The patient, for unclear reasons not documented in the medical records, underwent right total knee arthroplasty on 02/01/11. Dr. then requested a left total knee arthroplasty. The request was denied on initial review by Dr. on 04/26/11 and his

denial was upheld on reconsideration/appeal on 05/11/11 by Dr.. Both reviewers site the ODG criteria as the basis of their decisions.

The ODG indications for total knee arthroplasty include, conservative care, medications (viscosupplementation or steroid injections), subjective clinical findings to include loss of range of motion, nighttime joint pain, and on pain relief with conservative care, objective clinical findings to include over the age of 50 years of age and BMI of less than 35, and imaging and clinical findings to include osteoarthritis on standing x-rays or arthroscopy. The patient is less than 50 years of age, there is no documented evidence of nighttime joint pain, and there is little information regarding the failure of conservative treatment to include non-steroidal anti-inflammatory medication, physical therapy, and injections. The patient was reported to have undergone only one steroid injection at some point with no improvement. This was considered a poor prognostic indicator since at least short-term relief should be noted secondary to use of an anesthetic agent.

Furthermore, the best procedure length of stay for total knee replacement with no complications is three days. Therefore, the requested left total knee replacement with a four day length of stay is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE**
- 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)**