

SENT VIA EMAIL OR FAX ON
May/27/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
3 day inpatient stay for left total knee replacement

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 male who was injured on xx/xx/xx. He suffered head and left knee injuries while. The injured employee subsequently underwent 2 surgeries for left knee injury including left knee arthroscopy, partial medial meniscectomy on 01/15/02 and arthroscopy with debridement and revision of previous meniscectomy on 02/25/03. The injured employee was noted to have progressive degenerative arthritis documented with x-ray. He has been treated with periodic anti-inflammatory medications, cortisone and viscosupplementation injections. The patient was seen by Dr. on 08/12/10 for evaluation of severe arthritis in the left knee. Physical examination at that time demonstrated crepitus and genu varus deformity of left knee. X-rays of the left knee were reviewed and noted to demonstrate severe arthritis in left knee. Total knee replacement was discussed.

A preauthorization request for left total knee replacement was reviewed on 03/14/11 and determined to be non-certified as medically necessary. The rationale noted that ODG supports total knee arthroplasty only in patients over age 50 and BMI less than 35. An attempt to discuss other factors affecting decision for this surgery at younger age was made. It was further noted that the records provided did not indicate the injured employee's height, weight or BMI.

A reconsideration request for left total knee replacement and three day inpatient stay was reviewed on 04/21/11 and the request was not certified. The review noted that the clinician does not specify joint compartment osteoarthritis in the x-ray report. There was no recent documentation of range of motion or night joint pain. The injured employee was noted to be with no height and weight documented. An addendum report indicates that the reviewer had a peer to peer discussion with Dr. who reported the injured employee does have bone to bone contact on x-ray at the medial joint level. Guidelines were noted to indicate objective clinical findings of age over 50 with BMI of less than 35. The injured employee should also have limited range of motion and night joint pain with no relief with lower levels of care and at least two of the three compartments affected by arthritis.

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

Based on the clinical data provided for review, medical necessity is not established for left total knee replacement and three day inpatient stay. The injured employee sustained an injury in xx/xx while. He is status post left knee arthroscopy times two in 01/02 and 02/03. Records indicate the injured employee was treated with anti- inflammatories, cortisone injections, and multiple Supartz injections. Most recent Supartz injection was performed on 03/31/10 and follow up reported the injured employee got zero relief from the injections. There is an indication that x-rays showed bone on bone contact at the medial joint level, but there is no documentation of the other two compartments having osteoarthritis that would support the need for total knee replacement. There is no current detailed physical examination report indicating limited range of motion and night joint pain. The records indicate the injured employee does meet body mass index of less than 35 based on height of 5'7" and weight of 181 pounds. Although the injured employee is under 50 years old, this is not a determining factor. However, there is no objective documentation that the injured employee has at least two of the three knee joint compartments affected by arthritis. As such medical necessity is not established.

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