

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX  
75038  
972.906.0603 972.255.9712  
(fax)

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 1, 2011 AMENDED: SEPTEMBER 6, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed right knee unicompartmental replacement (27446) with 3 day inpatient stay (RC111)

### **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
716.16, 823.0, 924.11	27446		Prosp	1			Xx/xx/xx	xxxxx	Upheld
716.16, 823.0, 924.11	RC111		Prosp	1			Xx/xx/xx	xxxxx	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related job injury on xx/xx/xx.

**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.**

From the available information provided about the patient's records, it appears as though the request is a primary unicompartmental knee arthroplasty. The information would tend to suggest that the patient has not had surgery at all for this particular problem; therefore, the term "revision" in the URA denial description does not apply. For the unicompartmental knee arthroplasty, the denial is upheld.

The rationale is that the patient is very young and it has been a very short time since the injury occurred. There are various other treatment options short of surgery that have not been explored.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES