

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right total knee arthroplasty with CPT codes: 27447 with a 2-day length of stay

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

M.D., Board Certified Orthopedic Surgeon (Joint)

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 medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity exists for the requested Right total knee arthroplasty with CPT codes: 27447 with a 2-day length of stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes 06/04/99-08/28/12

Operative reports 11/29/79, 05/30/95, and 07/27/99

MRI right knee 06/17/99

Radiographs right knee 08/29/12

Prior reviews 10/23/12 and 11/05/12

Designated doctor evaluation 10/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has a long history of right knee pain since xxxx when he fell. The patient has undergone prior medial and lateral meniscectomies in the right knee in 1995. The patient also underwent removal of hardware in the medial malleolus of the left ankle on 06/25/12. The patient was seen on 08/28/12 with complaints of continuing right knee pain, as well as swelling and significant grinding. Physical examination revealed loss of range of motion in the right knee with a five degree extension lag in flexion to 110 degrees. No instability was present. The patient was noted to be utilizing an off loading brace and the patient was prescribed and continued on naproxen for pain. Radiographs of the right knee on 08/29/12 revealed osteoporosis and degenerative findings with osteophyte formation and joint space narrowing throughout. The request for a total knee arthroplasty with a two-day length of stay was denied by utilization review on 10/23/12 as it was unclear whether the patient had an adequate course of conservative treatment. Additionally, BMI results were not provided. The request was again denied by utilization review on 11/05/12 as BMI results were not provided and there was no documentation regarding prior physical therapy or viscosupplementation injections.

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

This patient has been utilizing an unloader brace as well as anti-inflammatories. Radiograph studies provided for review revealed extensive joint space narrowing as well as osteoporosis and interarticular foreign bodies. Based on the extensive degenerative findings noted within the right knee and the use of conservative measures including anti-inflammatories and an off loader brace, a total right knee arthroplasty would be appropriate and standard of care for the patient.

The extensive degenerative conditions in the right knee would warrant a total knee arthroplasty and there is no evidence in the clinical note indicating that the patient has a significant comorbid obesity that would reasonably impact the post-operative recovery. With the total right knee arthroplasty, the patient would reasonably improve functionally which would allow the patient to improve his overall strength conditioning. Without the total knee arthroplasty, the patient would not reasonably improve and would possibly stay at a sedentary status, therefore increasing his likelihood of developing comorbid conditions. The reviewer finds that medical necessity exists for the requested Right total knee arthroplasty with CPT codes: 27447 with a 2-day length of stay.

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

ACOEM-AMERICA 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)