



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/03/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total knee arthroplasty, left

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with internal derangement and arthritic problems of the knee

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

___X___ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Certification page
4. Request, IR review
5. Letters of denial, 12/19/11 and 01/04/12 with criteria utilized to justify denial
6. Carrier records
7. Urgent request medical records
8. Multiple FAX cover sheets
9. TWCC form 73 for 12/01/11
10. Bone & Joint Clinic MD, 11/01/11 and 12/01/11
11. MRI, left lower extremity, 11/09/11
12. Case summary reports, 12/14/11, 12/16/11, and 12/19/11, e-mail notification
13. MES Services IME, MD, 09/19/11
14. RME, MD, 10/19/11 and 07/19/11

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15. Report of medical evaluation, 07/19/11
16. URA records
17. Sports Medicine & Rehabilitation plan of care, MD, 01/11/11
18. Physical therapy progress reports, multiple
19. Orthopedic evaluation, 08/12/11, 12/14/11, and 11/01/11
20. MRI reports for 08/10/10 and 08/17/10, left knee
21. Requests for surgical pre-authorization, 12/14/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a now female who suffered a twisting, straining injury to her left knee on xx/xx/xx. She has suffered internal derangement of the left knee and underwent arthroscopic débridements of the menisci of the knee. Additionally, she suffered a rupture of the quadriceps tendon, which required surgical repair. She has suffered persistent pain and instability. Multiple treatments have been provided including severe activity modifications, medications including nonsteroidal anti-inflammatory medications, and pain medications. She has also been treated with intra-articular injections of anesthetic and corticosteroid preparations, as well as a hyaluronic acid series of injections. She has been treated extensively with a physical therapy program for restoration of strength and range of motion. She has persistent pain and instability of the left knee. Prior requests to pre-authorize a total knee arthroplasty have been denied on the basis of inadequate documentation of nonoperative treatment and the response to nonoperative treatment.

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

There is now adequate documentation that this claimant has been treated extensively with nonoperative treatment, including severe activity modifications, medications including non-steroidal anti-inflammatory medications, pain medication, and intra-articular injections. She has also been treated extensively with physical therapy and has persistent symptoms of pain and instability. It would appear that the criteria of the ODG 2012 Knee Chapter, total joint replacement passage, have been met. The claimant's age is xx. Her height is 5'9", weight is 170 pounds, and BMI is 25.2.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)