

Notice of Independent Review Decision

DATE OF REVIEW: 12/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral Knees Replacement 4 days LOS 27447

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1982 and is licensed in Texas, Oklahoma, Tennessee and California.

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.

Agree with the previous peer reviews. The prior peer reviews recommended non-certification due to lack of documentation of injection therapy and due to the patient's BMI of 45, being over the ODG-recommended 35 BMI.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 16 page fax 12/16/11 Texas Department of Insurance IRO request, 104 page fax 12/16/11 URA response to disputed services including

administrative and medical. Dates of documents range from 05/25/95 (DOI) to 12/16/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This male had his present complaints start around xx/xx/xx when he caught a marble tub. The patient subsequently has had multiple surgical interventions with arthroscopies of the bilateral knees. The patient also has been diagnosed with reflex sympathetic dystrophy in addition to the obesity and osteoarthritis of the knees. The patient has had a spinal cord stimulator trial January of 2002. The patient did have radiofrequency sympathetic November 2000. The patient has had physical therapy treatments, has had a TENS unit for treatment, and has been prescribed narcotic medication, muscle relaxants, and topical analgesics. The patient also has ongoing psychiatric care, as noted on 08/05/11 where it is stated the patient's continued medications were discussed with his psychologist. The patient also has a cardiac history with atrial fibrillation for which the 08/05/11 report indicated the patient was to have a cardioversion performed. The patient does take cardiac medication of Digitek, Micardis, metoprolol, and flecainide, and takes Coumadin. Previous physicians have expressed ongoing concern for the RSD being present. The patient has had previous documentation of viscosupplementation per the June 2010 progress reports from Dr.. The patient is reported to have a history of cortisone allergy and tape allergy. On 08/11/11, Dr. indicated he felt the patient was crippled by the RSD as well as the degenerative disease.

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

The explanation for the recommendation for non-certification is the patient does have a BMI well in excess of *ODG's* normal recommendation of less than 35, as the patient has a 45 BMI. Also, there is significant concern about the patient's reflex sympathetic dystrophy that appears to be ongoing, and there is no discussion as to how this would be addressed, as a total knee arthroplasty has a significant chance to cause severe exacerbation of the RSD symptoms. Therefore, I do feel the patient is not a candidate for the total knee arthroplasty, both under *ODG* basic criteria and also under generally accepted standards of care in orthopedic surgery that question surgical intervention in the face of active RSD.

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 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)