SENT VIA EMAIL OR FAX ON
May/12/2012

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right total knee revision

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Request for IRO dated 04/20/12
Utilization review determination dated 03/07/12
Utilization review determination dated 03/15/12
CT of right knee dated 04/01/10
Clinical records Dr. dated 08/16/11-04/02/12
Admission history and physical dated 01/16/12
Operative report dated 01/16/12
Hospital discharge summary
Clinic note Dr. dated 02/23/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The record includes CT of right knee dated 04/01/10. This study notes a total right knee prosthesis with no evidence of complication except collection of fluid which may contain

blood.

On 08/16/11 the claimant was seen by Dr.. The claimant is reported to have right knee pain and stiffness status post right total knee arthroplasty on 03/10/09 and knee aspiration on 02/23/10. Current medications include Cymbalta and Norco. Physical examination indicates he is 74 inches tall and weighs 185 lbs. Knee range of motion is from 30-90 degrees. Knee is very painful to palpation. He is unable to fully extend. He ambulates with use of cane. Radiographs of knee show implants are press-fit. There is questionable loosening of fibula component and did not resurface knee cap. He is reported to have failed right total knee arthroplasty.

Records indicate the claimant was taken to surgery on 01/16/12. He is noted to have had chronic severe pain with hemarthrosis. Presenting diagnosis was infection. He was recommended to undergo 2 stage revision performed on this date.

Postoperatively the claimant was seen in follow-up on 02/02/12. He is ambulating with use of crutches and reports severe pain. He is currently on Lovenox and Hydrocodone. He has a well healing surgical scar without active drainage or erythema. He is further noted to be on IV antibiotics.

Records indicate the claimant was scheduled for revision total knee replacement on 03/26/12. The claimant is reporting to be getting worse. He ambulates with the use of crutches.

The claimant was subsequently seen in follow-up on 04/02/12. The claimant continues to have complaints of right knee pain and swelling. He is concerned about the infection involving the right knee. He is noted to be on Cleocin for the last three to four weeks. Previously, he was on a pick line and receiving IV vancomycin. He is noted to have extension of approximately 15 degrees and flexion to 30. He has mild to moderate right knee swelling with warmth to the touch. He is recommended to undergo revision total knee arthroplasty.

The initial review was performed by Dr. on 03/07/12 who non-certified the request noting that no post-operative diagnostic tests were provided for review and that the need for revision surgery was not adequately described.

The appeal request was reviewed by Dr. on 03/15/12 who non-certified the request noting that there is no recent evaluation to confirm that infection is resolved. He notes that there is no infectious disease consult to confirm that the infection is resolved. He notes that total knee revision arthroplasty would be contraindicated until there is confirmation that the infection is adequately treated.

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

The request for right total knee revision is not supported as medically necessary. The submitted clinical records indicate that the claimant underwent resection arthroplasty of the right knee with placement of an articulated spacer secondary to an infected prosthetic device. The submitted clinical records provide very little information regarding treatment. It is noted that the claimant was on IV vancomycin and was later transitioned to Cleocin. The record provides absolutely no laboratory studies, imaging studies or other data to establish that the claimant's infection had resolved. In the absence of definitive information indicating the resolution of the infection; there would be no clinical indication to perform a revision replacement surgery as this prosthetic device would become infected as well. Therefore, the prior utilization review determinations are upheld and the request for revision total knee arthroplasty is denied.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)