

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Nov/05/2012

**DATE NOTICE SENT TO ALL PARTIES:** Nov/05/2012

### **IRO CASE #:**

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

Left Knee Removal Of Retained Hardware (Lateral Proximal Tibia Plate Most Proximal Screws), And Total Knee Replacement Surgery

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

M.D., Board Certified Orthopedic Surgeon

### **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.** It is the opinion of the reviewer that the proposed Left Knee Removal Of Retained Hardware (Lateral Proximal Tibia Plate Most Proximal Screws), And Total Knee Replacement Surgery is not medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Office visit notes Dr. 05/08/12-10/09/12

ECG dated 09/04/12

Utilization review determination dated 10/02/12

Utilization review determination dated 10/10/12

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

The claimant is a male whose date of injury is xx/xx/xx. He is a who sustained an injury to the left knee during training. He had left knee proximal tibial osteotomy in 1995, activity modification, NSAIDs, bracing, and therapy. He had right total knee replacement in 2005. On 05/08/12, the claimant presented with complaints of recently increased sharp left knee pain and limited function. Left knee x-rays were noted to show knee joint DJD; lateral plate-proximal tibia. A steroid injection of the left knee was performed on this date. The claimant remained symptomatic and was recommended to undergo left knee removal of retained hardware and total knee replacement surgery.

A pre-authorization request for left knee removal of retained hardware (lateral proximal tibial plate most proximal screws), and total knee replacement surgery was non-authorized per

review dated 10/02/12. It was noted that the claimant is not just xx years of age and has already had right total knee arthroplasty done several years ago. The rationale for osteotomy in 1995 was unstated. It was noted that the claimant has a history of obesity, but body habitus including height and weight nor a BMI were not provided. The alignment of the knee was not discussed. Further validation is needed regarding current BMI and alignment and relationship of current knee dysfunction to the work injury.

A reconsideration request for left knee removal of retained hardware (lateral proximal tibial plate most proximal screws), and total knee replacement surgery was non-authorized per review dated 10/10/12. The reviewer again noted that the claimant is just now xx years old and has already had right total knee arthroplasty done several years ago. Rationale for osteotomy in 1995 was unstated. The claimant has a history of obesity but the basics of height, weight, or BMI were not provided. The alignment of the knee was not discussed. Consequently medical necessity is not established.

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

The claimant reportedly was injured when employed as a xx, injuring his left knee during training. He underwent left knee proximal tibial osteotomy in 1995, but no operative report was given and no further explanation regarding the rationale for osteotomy was provided. No current imaging studies/radiology reports were submitted for review with objective findings of multi-compartment osteoarthritis of the left knee. The claimant's medical history was significant for obesity, but the patient's body habitus/BMI is not documented. Current evidence based guidelines indicate that the BMI should be less than 35 for consideration of total knee arthroplasty. Given the current clinical data, it is the opinion of the reviewer that the proposed Left Knee Removal Of Retained Hardware (Lateral Proximal Tibia Plate Most Proximal Screws), And Total Knee Replacement Surgery is not medically necessary.

**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)