

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/17/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Total Knee Replacement, with 3 day Inpatient length of stay

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

Orthopedic surgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 08/28/12
Utilization review determination 07/12/12
Utilization review determination 07/20/12
Clinical records 10/12/11-04/30/12
Clinical note 05/11/12
Impairment rating 05/29/12
Clinical records 06/22/12-08/27/12
MRI left knee 03/20/12
Clinical records 04/20/12-08/23/12
Physical therapy treatment records
Laboratory studies 07/11/12
EKG 07/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have sustained injuries to her left knee on 10/12/11 as the result of a motor vehicle accident. Per the submitted clinical records she is reported to have struck her left knee on the dashboard. Records indicate that the claimant was initially cared for by Fred Hobson, PAC. She was initially diagnosed with a contusion and was treated conservatively.

Per clinical note dated 10/17/11 the claimant is reported to be much better and is in pain free on physical examination.

On 03/19/12, the claimant presented with reports of recurrent knee pain. She reports increased pain with walking and prolonged standing and denies any new trauma to the area. On examination she's noted to have a left antalgic gait, full active range of motion with no joint laxity and tenderness over the left parapatellar area. She is subsequently recommended to undergo MRI

On 03/20/12, a MRI of the left knee was performed. This study shows moderate degenerative joint disease with a joint effusion. There was no evidence of meniscal tear, cruciate ligament tear, fracture, osteochondral lesion or loose body. The claimant continued to be treated conservatively with oral medications and physical therapy and was referred.

On 04/20/12, the claimant was seen initially. She is reported to have sustained an injury to the left knee as a result of the motor vehicle collision. The claimant has a history of spinal surgery and neck surgery. Current medications include Vicodin 5/500 mg. On examination of the left lower extremity there is an antalgic gait, joint effusion, tenderness at the medial joint line, positive McMurray's test, and negative Homan's sign. The claimant subsequently was recommended to receive intraarticular cortisone steroid injections which were performed at that visit.

When seen in follow up on 05/04/12, the claimant reports some improvement with the corticosteroid injection. There is a recommendation for left knee bracing.

The claimant was seen in follow up on 05/11/12. At this time it is noted that the steroid shot provided her great relief. She reports getting little benefit from Mobic use.

On 05/22/12 the claimant was seen in follow up. At this time she reports significant improvement after her last corticosteroid injection.

On 05/29/12 the claimant was seen by for determination of maximum medical improvement/impairment rating. finds that the claimant has reached clinical maximum medical improvement and assigns a 0% whole person impairment rating.

The claimant was seen in follow up on 06/20/12. At this time she reports increasing pain. She received an additional corticosteroid injection and was provided a prescription for Voltaren gel.

The claimant was seen in follow up on 07/06/12. recommends surgical intervention in the form of total knee arthroplasty.

The initial review was performed on 07/12/12. non-certified the request noting that the record contained no supporting documentation establishing the failure of conservative care. He further reports that there was no height or weight data provided to determine body mass index. He reports that there are no weight bearing radiographs that establish collapse of the joint space. He opines given the lack of information the request cannot be supported as medically necessary.

The appeal review was performed by on 07/20/12. non-certified the request noting that the claimant has pre-existing degenerative joint disease aggravated by the motor vehicle accident. He finds that the record contains no supporting documentation establishing the failure of conservative treatment, height or weight data provided to determine BMI, or weight bearing radiographs that establish the collapse of the joint space. He subsequently upholds the prior determination.

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

The request for left total knee replacement and three day length of stay is not supported by the submitted clinical information and the prior utilization review determinations are upheld.

The submitted clinical records indicate that the claimant has a longstanding history of left knee pain. Her symptoms have waxed and waned over time. MRI indicates the presence of multicompartement degenerative changes. The record does not include any recent weight bearing radiographs to assess the medial and lateral compartments. There are no sunrise views to evaluate the patellofemoral joint. There is no indication in the clinical record that the claimant has undergone a trial of viscosupplementation. Based upon this information the claimant does not meet criteria per Official Disability Guidelines. It would be noted that the claimant slightly exceeds the recommended body mass index and would not be considered an ideal candidate per Official Disability Guidelines.

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)