Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 5, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee total knee replacement with 3-day inpatient non-surgical room

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

☐ Upheld (Agree)

XX Overturned (Disagree)

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

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.16	27447		Prosp	1			Xx/xx/xx	xxxxx	Overturned
715.16	RC110		Prosp	3			Xx/xx/xx	xxxxx	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 54 pages of records received to include but not limited to:
TDI letter 7.16.13; letters 4.29.13, 6.21.13; records 5/14/13; records 8/16/2010-5/20/2013

Requestor records- a total of 27 pages of records received to include but not limited to:
Records, 8/16/10-5/20/13; MRI left knee 8/16/10; x-ray knee 1/9/13, 4/2/12, 8/16/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury to his left knee on xx/xx/xx. He twisted his left knee while getting out of a truck. The patient has been diagnosed with primary osteoarthritis of the leg.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient is a male. He has a BMI of 37, per medical records. MRI provided of left knee from August 2010. No recent study provided. The MRI showed moderate patellofemoral and mild medial compartment chonromalacia and cartilage thinning.

The patient had a knee arthroscopy(11.20.10), debridement of a medial meniscal tear(11.20.10) , and post operative rehabilitation. Records indicate post operative rehabilitation, home exercise instruction and Synvisc/Ortovisc injections X3. It was documented 12.17.10-4.8.13, per Doctor. the patient had regained full range of motion but continued to have pain. Radiology report of left knee on 01/09/2013 demonstrates joint space narrowing of the patellofemoral compartment. On May 20, 2013 note, patient having knee pain secondary to degenerative joint disease. No sign of joint weakness or insufficiency and no effusion in knee. There is minimal loss of range of montion. Patient stated having to modify his lifestyle to manage pain.

Therefore, according to the ODG guidelines, the patient does medically meet the criteria needed for surgery.

ODG Indications for Surgery-Knee arthroplasty: Criteria for knee joint replacement. 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated:NSAIDs OR Visco supplementation injections OR Steroid Injection)

Subjective Clinical Findings: Limited range of motion(>90 degrees for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS 3.

Subjective Clinical Findings: Over xx years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are
noted). (Washington. 2003) (Sheng. 2004) (Saleh. 2002) (Callahan. 1995)

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES