



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

Date: January 31, 2013

**DATE OF REVIEW:** 1/25/2013

**IRO CASE #:**

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

That of 3 days with right total knee arthroplasty and 7 days rental of postoperative cryotherapy unit.

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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 or not medical necessity exists for each of the health care services in dispute.

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

1. Texas Dept of Insurance Assignment to Medwork 01/14/2013,
2. Notice of assignment to URA 01/10/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 01/14/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 01/11/2013
6. Letter to IRO from risk management 01/14/2013, notice of review findings 12/13/2012, 12/03/2012, medical documents 02/03/2010, medical documents 10/10/2008, report from rehabilitation 10/22/2007, notice of disputed issues from risk management office 08/16/2007, report from rehabilitation 07/23/2007, 05/14/2007, 12/05/2005, 11/28/2005, 11/21/2005, 10/17/2005, 02/14/2003, peer review 04/21/2003, report from rehabilitation 12/09/2002, 10/23/2002, 07/17/2002, 07/09/2002, 07/03/2002, 06/10/2002, 03/04/2002, medical documents 10/16/2000, 05/30/2000, 05/10/2000, 05/03/2000, status reporting medical documents 12/27/1999, lower extremity evaluation 12/17/1999, medical rehabilitation notes 12/30/1999, 12/28/1999, 12/27/1999, work restrictions 10/25/1999, medical report 10/08/1999, 09/02/1999,



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08/13/1999, letter from physician 08/10/1999, medical documents 04/22/1999, progress notes 12/18/1998, medical notes 10/05/1998, 09/30/1998.

### **PATIENT CLINICAL HISTORY:**

The patient is a male. This patient was injured in xx/xx and had previously reportedly undergone a left knee replacement arthroplasty. The patient has been well documented to have over a decade of right knee pain associated with having fallen while working. Reportedly the patient stepped onto a wooded walkway, which collapsed, associated with his subsequently falling. The patient multiple times, has been documented to have been considered for a right knee replacement arthroplasty. He has in the past undergone arthroscopic surgery of the right knee and has been well documented to have tricompartmental arthrosis and symptomatic arthritis and chondromalacia of the effected right knee. Numerous records from the treating provider were reviewed and it was noted that in December of 2005 the patient underwent treatment with viscosupplementation. As of 12/05/2005, was advised to "return to clinic on a p.r.n. basis." He had subsequent follow-ups with the treating provider throughout the years with intermittent follow-ups. The patient was considered as of 01/14/2008 for viscosupplementation of the right knee. He underwent another round of viscosupplementation in 2008, specifically 04/25/2008.

The additional follow-ups continued throughout 2009. On 03/05/2009, was considered for a right total knee arthroplasty. It is not clear, however, based on the lack of operative evidence of same that the patient ever at that time underwent the replacement arthroplasty. The patient did undergo other operative procedures including carpal tunnel release and also shoulder surgery. He was considered for another round of viscosupplementation as of 01/06/2010. The right knee "continues to be painful despite home exercise program and anti-inflammatories." The next set of records, were from 05/18/2011, in which the patient was noted to have 3 compartment arthrosis that was "bone-on-bone in the medial compartment." The patient previously was noted to have grade 4 chondromalacia and was noted to have "exhausted conservative treatment for 10 years of total knee arthroplasty as warranted. There are no other options to provide him with pain relief. The only thing that will resolve his pain is a total knee arthroplasty..." Again, this was on 05/18/2011.

Subsequent notes, again, discuss the consideration for the right total knee arthroplasty, including on 11/19/2012 there were complaints of pain, swelling, popping, clicking with walking despite Ultram and NSAIDs, and Skelaxin. Exam finding revealed a mild effusion and crepitus among other findings, and, again, the claimant was considered for a knee replacement, right-sided, due to the failure of nonoperative treatments.

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

The patient has had documentation of having had extensive non-operative treatment over the years including medications, restricted activities, viscosupplementation, and therapy. The patient



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clearly has subjective and objective finding compatible with severe arthritis of the right knee. He has failed reasonable non-operative treatment as per the ODG clinical criteria, and at this time, has clinical and radiographic findings that do support the requested right knee replacement arthroplasty with 3 day overnights, which is also supported by ODG guidelines. ODG guidelines also support a 7-day rental of postoperative cryotherapy for the knee due to the complex knee procedure and the expected severity of pain and swelling. Therefore, at this time, the patient's prior denials are indicated to be overturned and the procedures as requested are medically reasonable and necessary as per applicable clinical guidelines.

### **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)