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Notice of Independent Review Decision

Date notice sent to all parties: 3/8/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopy with PCL release

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

Texas Licensed 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The records reviewed included the notes of voluminous records from the treating provider. The most recent records reveal that the claimant continued to have pain and stiffness post knee replacement arthroplasty performed on xxxxx. The claimant at the age of 45 after multiple prior surgical interventions developed posttraumatic arthritis and underwent the knee replacement arthroplasty right knee on 12/07/11. Most recently, the claimant has been documented to have had a knee that was aspirated of fluid under sterile technique and was noted to have increased macrophages. The claimant was noted to have had a manipulation under anesthesia in addition due to the significant right knee stiffness. The claimant was felt to have had possible loosening of the right knee and therefore on 07/11/12 underwent the aforementioned knee joint aspiration. The claimant has had a bone scan which has documented increased uptake at the components of the knee replacement arthroplasty that was on 05/10/12. The bone scan impression in the report per the radiologist was "consistent with loosening or infection." The treating provider had treated the individual for his residual pain and marked stiffness with extensive therapy in addition to medications. The records reveal that the claimant was noted to have persistent discomfort and the "approximately 70% macrophages which is consistent with probable debris in the knee;" the latter was noted on 07/24/12. The claimant despite extensive therapy treatments was noted in addition to having been treated with medication and bracing to have a 5-degree extension lag and flexion to only 87 degrees with pain. The knee was noted to be ligamentously stable. The claimant was noted to be considered most recently for arthroscopic evaluation and treatment and a release of the posterior cruciate ligament "to treat his limitations in his right knee following his total knee arthroplasty." This was noted on 02/07/13 most recently.

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

The opinion is to overturn denials. At this time, the claimant has significant residual marked stiffness in the knee along with discomfort and an associated gait abnormality. The claimant has equivocal evidence of loosening of the knee. The claimant has had an aspiration of the knee and workup for possible infection with resultant documentation of increased laboratory values such as the sed rate and macrophages. The claimant has had significant clinical dysfunction that is limited significantly by a motion deficit that has been non-responsive to reasonable nonoperative treatment. The rationale for the arthroscopic surgery with PCL release has been noted to be for further diagnostic reasons and for joint irrigation, possible debridement, and release of the PCL. The rationale for the arthroscopic procedure is reasonable and medically necessary and correlates with the ODG guidelines for arthroscopic surgery with debridement and/or removal of loose bodies. Therefore, at this time, the request is reasonable and medically necessary in accordance with the ODG guidelines as specified in the following reference. The reference is ODG guidelines, knee chapter, arthroscopic surgery, diagnostic arthroscopic surgery, debridement with loose body removal.

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)**