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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/07/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 3 day inpatient left total knee replacement

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 this reviewer's opinion that the request for 3 day inpatient left total knee replacement is medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a xx year old male who had a date of injury of xxxxx. The claimant was reported to have been climbing up the bumper of a vehicle with his left foot on the tailgate and the right foot slipped off and all his weight was placed on the left lower extremity.

The claimant was initially seen in a Concentra medical center by Dr.. The claimant had a history of four prior surgeries to the left knee. His current medications included ibuprofen. On physical examination, the claimant was unable to bear any weight. Left knee showed moderate joint effusion. He had decreased active and passive range of motion. Radiographs of the knee showed no evidence of acute fracture or dislocation. However, there was moderate degenerative arthritis of all compartments which was more extensive in the patellofemoral compartment. There was calcification of the menisci. There were several

large loose bodies in the posterior region of the joint consistent with synovial osteochondromata and there was moderate joint effusion. Records indicated that the claimant was kept in a non-weight bearing status. He was provided narcotic medications and referred for MRI of the left knee.

MRI of the left knee on 11/01/12 noted advanced tricompartmental osteoarthritis, predominant in the lateral compartment, an associated chronic full thickness articular cartilage defect along the lateral patellar facet, there was a large suprapatellar joint effusion. No Baker cyst. There were several chronic intraarticular bony bodies along the posterior capsule joint and there was no convincing evidence of bone contusion or non-displaced bony fractures.

Evaluation of menisci demonstrated probable mass rated tears of the medial meniscal posterior horn and the lateral meniscus anterior horn and there was a 6mm parameniscal cyst along the lateral meniscal anterior horn. Ligamentous structures were unremarkable and there was marked lateral subluxation of the patella by at least 2 cm. Associated bony remodeling suggested a chronic process.

On 11/06/12, the claimant was seen by Dr. and it was reported that the knee pain had improved and it was graded as 2/10 at rest but 5-6/10 when he bore weight. This note reported a history of five surgeries to the left knee and on physical examination he ambulated with the use of crutches. He had an antalgic gait. There was a vertical scar anteriorly. Provocative testing was negative and range of motion was +10-120 degrees. There was crepitance during range of motion and special tests. He was opined to have advanced osteoarthritis and the was again continued on oral medications and was subsequently referred to Dr..

On 11/08/12, the claimant was initially evaluated by Dr., who noted that the claimant had been treated with Norco and ibuprofen and had increased swelling of the knee and had undergone x-rays and MRI. He underwent open surgery when he was 16 years old but later underwent four knee arthroscopies in the '80s and had a history of tonsillectomy and right enucleation and now had a prosthetic eye. On physical examination, there is slight valgus alignment. There is crepitus with knee range of motion. Active range of motion is +20 degrees of extension and 130 degrees of flexion. There is positive joint line tenderness medially and laterally and over the patellar facets. The claimant was subsequently recommended to undergo a course of physical therapy and was recommended to consider a corticosteroid injection. Clinical records indicate that the claimant made minimal improvement with physical therapy. He received 2 intraarticular corticosteroid injections. Post-procedurally, the claimant had no benefit. He was subsequently recommended to undergo a total knee arthroplasty. The record notes that the claimant is 68" tall and 155 lbs. and has a BMI of 23.57.

On 01/04/13, the initial review was performed by Dr.. Dr. non-certified the request noting that there was a limited understanding of conservative care that has been utilized since the 10/12 injury to support the need for total joint arthroplasty.

The appeal request was reviewed by Dr. on 02/04/13. Dr. non-certified the request. He notes the previous non-certification performed by Dr.. He notes that there is a limited understanding of conservative care that has been utilized and, therefore, the previous non-certification is supported. He further notes that the efficacy of the previously performed corticosteroid injection was not documented.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted clinical records indicate that the claimant has pre-existing tri-compartmental osteoarthritis which was aggravated by the compensable event. The claimant continues to be symptomatic. The record indicates that the claimant has received appropriate conservative management consisting of oral medications and invasive injection procedures. The records indicate that the claimant has a BMI below 35 and has received at least 6 sessions of physical therapy with no improvement. Additionally, the claimant has received two corticosteroid injections with no sustained

improvement. Therefore, based on the submitted clinical information, it is this reviewer's opinion that the request for 3 day inpatient left total knee replacement is medically necessary and consistent with both the standard of care and ODG treatment recommendations.

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)