



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 6/29/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee arthroplasty

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

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

PATIENT CLINICAL HISTORY:

The claimant saw his physician on 03/19/2015 for evaluation of right knee pain. He states that the problem has been there for years. The claimant states that he has had 2 knee arthroscopies in the right knee. The comments from the physician states, that on x-ray, there is stage III involvement of the patellofemoral joint and that there is degenerative arthritis in all 3 views of the x-ray. He indicates that it would be stage IV subchondral cyst formation and sclerosis, in lots of joint space. His assessment is that a grade IV severe degenerative arthritis with knee, which has failed conservative management and he recommends a total knee replacement.

Similar chiropractic progress note was reviewed from the chiropractor, dated 02/20/2015.

Progress note was reviewed, letter dated 12/04/2014. In summary portion, the peer review from 01/07/2014 indicates that the claimant was injured at work on 06/13/2007, states that he was carrying a 100-pound bag and stepped in a hole and twisted his knee and right ankle.

MRI in 2007 showed that there was a torn lateral meniscus and a chondral fracture of the lateral femoral condyle and medial femoral condyle. He underwent a right knee arthroscopy at that time. He underwent a subsequent knee MRI in 2008, which showed that he had edema in the weightbearing aspect of the medial femoral condyle. He underwent a second knee arthroscopy in October 2008. A CT scan from 2009 showed that he had tricompartmental arthritis. It was recommended right knee replacement at that time. They stated in the peer review that request for



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total knee replacement reportedly originally denied due to lack of exhaustion of the lower level of conservative treatment.

A document states that he has high-grade chondromalacia of the medial femoral condyle and medial tibial plateau with reactive marrow edema and subchondral cystic change, but there was reduced volume in the lateral meniscus. MRI on 04/09/2008, right knee. In summary, this MRI includes that there was large knee effusion. There was bone contusion or osteochondritis dissecans with this medial femoral condyle and medial tibial plateau and that there was marked degenerative attenuation of the lateral meniscus.

CT scan 03/30/2009, right knee, in summary, the CT scan impression was illegible in the documentation.

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

The certification is that claimant has exhausted conservative measures, including clinical therapy, activity modification, injections. Radiographically, there is joint space narrowing, sclerosis, evidence of tricompartmental arthritis. It is noted that the range of motion of the knee is greater than 9 degrees, but the claimant also lacks 7 degree from full extension, which can be a sign of severe arthritis. Based on these findings, official disability guidelines, that if 2 of the 3 compartments are affected, a total joint replacement is indicated, conservative care has been exhausted, which include physical therapy and home exercises, and steroid injections.

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



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- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**