



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 05/18/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Total Knee Arthroplasty, LOS 2-3 in patient stay

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

Board Certified in Orthopedics Surgery

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:

- Left Total Knee Arthroplasty - Upheld
- LOS 2-3 in patient stay - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate the claimant injured his left knee while at work on xx/xx/xx. He was loading a truck off of a dock, lost his balance and fell, landing on both feet. He sustained a tibial plateau fracture. He received conservative care which included diagnostics, DME, prescription medications, physical therapy and injections. Diagnosis per treating physician on 03/12/15 is arthritis of knee, knee effusion, rheumatoid arthritis, and closed fracture of lateral portion of the left tibial plateau. Due to continued symptoms and ongoing debilitating pain, the treating physician has recommended a total knee replacement.

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

This claimant does not have limited range of motion (<90° for TKR) and there does not appear to be documentation of nighttime joint pain. There are no indications of functional limitations; there are subjective complaints. While the claimant is over xx years of age his Body Mass Index is not less than 40. There is no standing x-ray documenting significant loss of chondral clear space in at least one of the three compartments nor is there previous arthroscopy documenting advanced chondral erosion or exposed bone. This claimant does not meet the criteria for TKR.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**