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An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: Sep/15/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: revision of right total knee replacement with 4 day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Orthopedic 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 medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for a revision of right total knee replacement with 4 day inpatient stay is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his right knee. The operative note dated 01/28/10 indicates the patient undergoing a total knee replacement on the right. The clinical note dated 06/21/13 indicates the patient continuing with complaints of right knee pain. The note indicates the patient utilizing hydrocodone at that time for pain relief. Upon exam, the patient was able to demonstrate 5-85 degrees of range of motion at the right knee. The patient was a the knee was identified as stable to varus and valgus stress testing. A well healed longitudinal incision was identified without evidence of inflammation or infection. There is an indication the patient had mild fusion at the right knee at that time. Localized tenderness was also revealed. The CT scan of the right knee dated 09/28/13 revealed no gross abnormalities. Small moderately sized knee effusion was identified. No evidence of fracture or lucency was identified. The clinical note dated 01/05/15 indicates the patient continuing with use of hydrocodone for pain relief. The patient reported ongoing stiffness as well as pain at the right knee. The patient rated the pain as 6-7/10. The patient was able to demonstrate 4-98 degrees of range of motion at the right knee. No instability was identified. X-rays in office x-rays were completed which revealed the components to be in well positioned with no evidence of loosening or infection. No changes were identified in the soft tissues surrounding the knee. The clinical note dated 04/06/15 indicates the patient continuing with right knee pain. The patient's was able to demonstrate 20-60 degrees of range of motion at the right knee at that time. In-office x-rays revealed halos around the cement mantles of both the tibia and femur. Bone spurs were identified medially. The clinical note dated 07/06/15 indicates the patient rating the knee pain as 8/10. The patient reported an increase in pain with all activities. The patient was able to demonstrate 20-85 degrees of range of motion at the right knee. Additional lucency was identified by x-rays along the tibial component. Lab studies completed on 07/06/15 revealed essentially normal findings.

The patient's white blood cell count was identified as 8.3 and within range.

The utilization reviews dated 08/06/15 and 08/20/15 resulted in denials as no independent imaging studies were submitted confirming the patient's loosening of the previously implanted components.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of ongoing right knee pain with associated range of motion deficits. A right a knee replacement revision is indicated for findings consistent with significant loosening at the previously implanted components and confirmation of the findings by imaging studies. There is indication the patient has undergone in office x-rays which revealed lucency. However, no independent imaging studies were submitted for review. Furthermore, no information was submitted regarding the patient's failure based on the global knee rating scale. Given the lack of confirmatory evidence in the form of independent imaging studies and taking to account the lack of information regarding the patient's global knee rating scale it's unclear if the patient would require a revision at this time. Therefore, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a revision of right total knee replacement with 4 day inpatient stay is not recommended as medically necessary and the prior denials are upheld.

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 KNOWLEDGBASE

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)