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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/09/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Left total knee arthroplasty revision

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)

Patient Clinical History (Summary)

The patient is a male with a reported date of injury of XX/XX/XX due to an unknown mechanism. The patient's medications are not listed for review. The most recent imaging includes an unofficial x-ray indicating the left knee showed well seated implants and comparatively showed thinning of the joint space. The patient's surgical history includes a left total knee arthroplasty in XXXX. Other therapies are not listed for review. The patient was seen on XX/XX/XX for an evaluation. The patient complained of recent clicking and popping as well as locking of the left knee. The physician indicates the patient may have worn out the plastic component of the total knee arthroplasty. The patient is XX years from his total knee arthroplasty and has maintained an active lifestyle. On examination the knee had obvious clicking and loosening of the component. There was no redness or effusion and the patient was neurovascularly intact with sensation to light touch distally. The physician recommends a revision of the left total knee arthroplasty.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines indicate the revision total knee arthroplasty is an effective procedure for failed knee arthroplasties based on the global knee rating scale. This would be recommended for failure of the original approved arthroplasty. The submitted documentation does not indicate that the patient has had any type of trial and failure of conservative therapy prior to the requested surgical intervention. There was also no imaging studies indicating the failure of this prior arthroplasty. The referenced x-rays done in office showed well sealed implants. Given that this patient does not have a trial and failure of any type of conservative therapy prior to the surgical intervention recently as well as no imaging studies indicating a failure of the implanted hardware, the requested Left total knee arthroplasty revision would not be medically necessary and is non-certified.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)