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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/26/2016

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:

Triple Phase Bone Scan

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 who reported an injury on XX/XX/XX, which occurred when a metal form fell against his left foot. The patient is currently diagnosed with infect left total knee replacement status post 2 stage exchanged. The records indicate that the patient is status post multiple surgical procedures performed to the left knee and leg. The patient has undergone removal of left total knee arthroplasty and antibiotics base replacement on XX/XX/XX and had a 2 stage exchanged on XX/XX/XX. According to the most recent clinical note submitted for review dated XX/XX/XX, the patient was seen for an evaluation. It was noted that the patient has been weight bearing as tolerated and has reported persistent pain in the leg. The patient reported no pain in his thigh and denied fever or chills. The patient remains on his suppressive oral antibiotics. Physical examination revealed a well healed surgical scar with fusiform swelling from his mid-thigh all the way down to his foot and ankle. He was nontender to palpation over the tibia. X-rays performed on XX/XX/XX revealed femoral compartment was well fixed, but there were questionable new lucencies around the tibial component which were not present on previous x-rays from a year ago. It was noted that the provider was concerned that the patient had loosening of his implant and was to undergo a triple phase bone scan.

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

Based on the clinical documentation submitted for review, and the guidelines recommendations, this request is not supported. According to the Official Disability Guidelines, bone scans are recommended after total knee replacement if pain caused by loosening of the implant is suspected. However, the requested triple phase bone scan is not supported in this case based on the submitted for review records. The note submitted for review dated XX/XX/XX indicated that the patient was seen for a followup evaluation regarding his left knee. However, the physical examination performed on XX/XX/XX provided no clear indication of any significant deficits to the left knee to warrant the requested triple phase bone scan. Although there was noted to be fusiform swelling from the mid-thigh all the way down to the foot and ankle, there was no comprehensive, recent, and thorough examination of the left knee submitted for review indicating significant pathology to warrant this request. Furthermore, the records submitted for review indicate that prior to XX/XX/XX, the patient was last seen for an evaluation on XX/XX/XX where the patient reported that he was doing well. The record submitted for review did not clearly specify whether the patient has undergone any recent conservative treatment options since pain to the left knee has returned. Given all the above, this request 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 AHCPH-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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)