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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous
adverse determination/adverse determinations should be:

Overturned (Disagree)

Partially Overtuned (Agree in part/Disagree in part)

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured at work on X. X sustained injury when X was X. The diagnoses were unilateral post-traumatic osteoarthritis of left knee (X); left knee pain of unspecified chronicity (X) and body mass index (BMI) 38.0-38.9, adult (X). On X, X was evaluated by X, MD for left knee pain. X presented for new patient evaluation of posttraumatic left knee osteoarthritis. X sustained a X and injury on X when X was X. X initially underwent early as well as definitive surgical management for X injuries in X, and then subsequently had additional surgeries in X for X right ankle. X then underwent removal of X with Dr. X on X. X had healed well after this surgery. X did note that X did have some wound healing issues as well as concern for early infection following X. It was managed with X. At the time, X had severe pain in the left knee, any time X tried to stand and put weight on it. Pain was localized to X. It was aggravated with any real weightbearing activities. At the time, X was walking with the assistance of a walker and was recently cleared by physical therapy to start using some crutches and X found these easier to get around with than the walker. X denied any recent fever, chills, nausea, or vomiting. X denied any recent wound healing issues. X medical history was significant for X. X used to work as a well testing in X. X was diagnosed with sounds like X. On examination, X weight was 299 pounds and body mass

index (BMI) was 38.39 kg/m². At the time, X rated pain X. Examination of the left knee was notable for well-healed X. X had a moderate X. There was X. There was no significant X. X was X. Regarding management options for X left knee, at the point X had significant X. Laboratory workup was advised. Dietary management education, guidance and counselling was recommended. Left knee x-rays obtained on X revealed X. There were also X. There were some X. The sunrise view demonstrated preserved X. Overall, there appeared to be X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The ODG recommends X. In this circumstance, the injured worker has left knee pain which X fears with activities. On exam they have joint line tenderness and imaging demonstrates significant posttraumatic arthritis. Treatment has X. They have a BMI of 38.39. The treating provider has recommended X. When noting that there is not a documented trial and failure of weight loss in setting BMI greater than 35, progression to X is not supported. As such, X is noncertified. "Per an undated appeal letter by Dr. X, it was stated that the letter was in response to denial for coverage of left total knee arthroplasty surgery for X. Reason for denial was listed as lack of documentation of trial and failure of weight loss in treatment of severe posttraumatic osteoarthritis in patient with BMI greater than 35. X had been working on weight loss efforts prior to initial visit with X. Since X was last seen X one month prior, X had made continued efforts to lose weight through dietary changes as well as exercise. X had lost over X

pounds according to X last weight at X primary care provider's office. X had continued to be severely limited by X left knee post-traumatic osteoarthritis and had significant mobility limitations and impairments in activities of daily living. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "ODG by MCG, X for Knee and Leg Conditions, Last review/update date: X states, "Recommended as indicated below. X are well accepted and reliable procedures to reduce pain and improve function in highly symptomatic patients, most commonly performed for advanced osteoarthritis (OA) or rheumatoid arthritis (RA).

Population-based studies have raised serious questions regarding X for individuals with only mild-to-moderate arthritis. X is an option when only one compartment is involved. ODG Indications for X: When only 1 knee compartment is involved, X may be considered; when 2 or all 3 compartments are affected, X is indicated. Indications include advanced X. Criteria for X: 1. Conservative Care: (a) X: X should be delayed at least X months following any X. (c) Documented significant weight loss effort for patients with BMI > 35. " Based on the provided documentation, this request was previously non-certified, because there is not a documented trial and failure of weight loss in setting body mass index greater than 35. These concerns have not been addressed. Physical examination from the most recent office visit on X revealed the patient has a body mass index of 38.39. Therefore, this request is non-certified." The requested X is not medically necessary. The current medical records indicate that the patient

has a BMI of greater than 35. While the records do reflect that the patient has attempted a weight loss program. The patient still has a BMI of greater than 35. As such, the requested procedure is not medically necessary at this time. No new information has been provided which would overturn the previous denials. X is not medically necessary and non certified.

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

The requested surgical procedure is not medically necessary. The current medical records indicate that the patient has a BMI of greater than 35. While the records do reflect that the patient has attempted a weight loss program. The patient still has a BMI of greater than 35. As such, the requested procedure is not medically necessary at this time. No new information has been provided which would overturn the previous denials. X is not medically necessary and non certified.

Upheld

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**

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