

Notice of Independent Review Decision  
Amended and sent on X

SENT TO: Texas Department of Insurance  
Managed Care Quality Assurance  
Office (MCQA) MC 103-5A  
E-mail [IRODecisions@tdi.state.tx.us](mailto:IRODecisions@tdi.state.tx.us)

**DATE OF REVIEW: X**

**Date of Amended Decision: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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X with original date of injury of X.

As a result of this injury and treatment X has subsequently been diagnosed with post-traumatic osteoarthritis in both knees. X has X.

The current request is for a X. X has been treated with X. These have not improved X pain. It is reported that X has attempted weight loss through dietary means and has had dietary and weight management counseling but has been unsuccessful. X ability to exercise has been limited by knee pain. As of X X reports X pain that affects all X daily activities. X has pain throughout the knee as well as swelling, buckling, grinding, and locking. On the physical exam X has X. X has X. Range of motion is limited to X degrees with X. Bilateral knee x-rays reportedly show X. Prior reviews have denied the request due to not having adequate documentation of recent conservative treatment and due to the patient's body mass index of X without appropriate weight loss attempts.

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

Per ODG references the requested "X" is medically necessary.

The patient does meet the ODG criteria for a X. X has met the criteria based on symptoms, imaging, exam, and conservative treatment attempted. For the question of the elevated BMI, it does seem that the patient has made efforts within X physical abilities to lose weight but has been unsuccessful at this, which is not helped by the exercise limitation that X has due to X knee. Having a BMI over X is a relative contraindication due to carrying increased risk with a total knee but not an absolute contraindication. Putting this together with the fact that X has already had a X approved and performed that was resultant from this same injury and reportedly done well with

it, it would be my determination that the current request for a X should be approved.

**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 KNOWLEDGE BASE
- 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
- TMF SCREENING CRITERIA  
MANUAL
- PEER REVIEWED NATIONALLY  
ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED,  
SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES