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IRO REVIEWER REPORT

DATE OF REVIEW: 04/02/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Right total knee arthroplasty.

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

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination should be: Overturned. The request for the total knee arthroplasty is approved.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. MRI of the right knee without contrast dated 11/28/03.
2. Medical records from Dr..
3. MRI of the right knee dated 05/26/04.
4. Operative report dated 06/21/04.
5. Physical therapy records.
6. Physical therapy review dated 09/01/04.
7. Impairment rating evaluation dated 11/08/04.
8. Designated Doctor Evaluation performed on 12/08/04.
9. MRI of the right knee dated 04/26/05.
10. Procedure reports for viscosupplementation.
11. MRI of the right knee dated 11/09/05.
12. Operative report dated 12/15/05.
13. IME report by Dr. dated 02/21/06.
14. Procedure reports, Hyalgan injections.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee is a female who was reported to have sustained an injury to her right knee on.

The employee was initially seen by Dr. who referred the employee for an MRI of the right knee on 11/28/03. This study indicated a complex tear involving the posterior horn of the medial meniscus extending to the mid body junction.

The employee successfully underwent surgery on 12/19/03 for partial medial meniscectomy. It was noted at that time that the employee had Grade II and Grade III chondromalacia changes in the medial femoral condyle.

The employee was later referred to Dr. an orthopedist, on 05/19/04. Dr. reported that the employee was initially treated conservatively after obtaining evidence of a complex tear of the medial meniscus, the employee was referred to Dr. on 12/08/03.

The employee continued under the care of Dr. and continued to experience persistent levels of pain aggravated by weight bearing and bending. The employee attended physical therapy and had two Cortisone injections with no relief of pain. It was further noted that the employee previously had left knee arthroscopy in 1997 for a similar injury and recovered uneventfully. Upon physical examination, the employee had significant quadriceps atrophy of the right leg. There was visual atrophy of the vastus medialis. There was patellofemoral crepitation with lateral tilting of the patella and lateral tracking consistent with malalignment. There was slight palpable tenderness across the medial femoral condyle with no effusion. Range of motion was approximately -10 degrees of extension and 120 degrees of flexion. McMurray's maneuver was sharply positive along the medial joint line. The physical examination demonstrated intact sensation in all dermatomes and weakness of the distal quadriceps musculature. X-rays taken at this visit revealed no loss of cartilage space. Extension of the knee revealed evidence of lateral tracing of the patella. Dr. opined that the employee had chronic pain status post right knee arthroscopy, a persistent tear of the medial meniscus, and malalignment of the patella. Dr. recommended a repeat MRI to develop a more focal treatment plan. Dr. further recommended that the employee wear a hinged patella support brace to provide her stability during her workday.

The employee was referred for an MRI of the right knee on 05/26/04. This study reported evidence of a partial medial meniscectomy with small irregular fragments in the posterior horn root, especially seen on the coronal plane. There was early chondromalacia of the medial knee joint compartment and early chondromalacia patella with minimal suprapatellar synovitis.

The employee continued to follow-up with Dr. and was eventually taken to surgery on 06/21/04. Dr. performed an arthroscopic chondroplasty and diagnostic arthroscopy of the right knee with arthroscopic partial medial meniscectomy. Postoperatively, the employee continued to remain symptomatic and was treated with physical therapy, bracing, and Cortisone injections.

The employee recovered sufficiently to be declared at Maximum Medical Improvement (MMI) by Dr. on 11/08/04. Dr. found that the employee had a 1% whole person impairment secondary to a medial meniscectomy.

The employee was later evaluated by Dr. on 12/08/04. As a result of his examination and the employee's operative history, Dr. found the employee to have an 18% whole person impairment rating.

The employee again continued under the care of Dr. and received symptomatic treatment.

The employee was referred for an MRI on 04/26/05. This study found the employee to be status post medial meniscectomy and reported chondromalacia patella at the medial weight bearing femoral condyle articular surface, chondromalacia patella at the medial and lateral facets.

The employee continued to remain symptomatic and subsequently began a series of Hyalgan injections on 08/10/05 with a second injection on 08/17/05, a third injection on 08/24/05, and a fourth injection on 08/31/05.

When seen in follow-up on 10/12/05, Dr. reported that the employee had absolutely no relief from viscosupplementation. Dr. recommended a definitive evaluation of the employee's cartilage and recommended an additional MRI.

The employee underwent MR imaging on 11/09/05. This study revealed mild patella and medial femoral articular chondromalacia with the suggestion of a previous medial meniscectomy with a tear involving the posterior horn extending to the superior articular surface. Dr. recommended that the employee undergo another right knee arthroscopy for both diagnostic and potentially therapeutic purposes.

The employee was again taken to surgery on 12/15/05, and at that time, Dr. performed a comprehensive diagnostic arthroscopy with arthroscopic partial medial and lateral meniscectomies and an arthroscopic lateral release.

The employee again underwent postoperative physical therapy and was reported to be doing well on 01/11/06.

The records indicate that on 04/12/06, the employee began reporting episodes of pain in the medial aspect of the knee. The employee was unable to ambulate a great distance without significant discomfort. Dr. recommended that the employee undergo a second series of Synvisc injections. These injections were initiated on 08/31/06 with the fifth injection being completed on 09/14/06.

The employee underwent a Required Medical Evaluation (RME) on 09/21/06. Dr. found that the employee's current treatment was compensable and related to the injury. Again, these were reported to have not provided any significant relief.

On 02/07/07, Dr. noted that the employee had not made any significant improvement with extensive conservative care and requested to perform a right total knee arthroplasty.

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

The available medical records indicate that the employee has severe functional limitations regarding her right knee. She has a history of injury, reinjury in 2003, and three subsequent surgeries. She had atrophy of the right leg indicating internal derangement of the knee. She had partial medial and lateral meniscectomies and lateral release of the patella. The arthroscopic surgery reports uniformly reported degenerative changes including chondromalacia in the patellofemoral joint, the medial joint compartment, and the lateral joint compartment. Clearly the employee has significant dysfunction throughout the knee joint and a total knee arthroplasty is indicated.

The *Official Disability Guidelines* include conservative care which is applicable in this case. The employee has had arthroscopic surgeries, Synvisc injections, physical therapy, and activity modification. The employee continues to have functional disability in the right knee. The *Official Disability Guidelines* also refers to subjective clinical findings. The employee does have limited range of motion and no pain relief with conservative care. *Official Disability Guidelines* also refers to objective clinical findings. The employee has degenerative changes and meniscectomy results as shown on arthroscopic surgery reports. The *Official Disability Guidelines* report that total knee arthroplasties are well accepted and reliable in suitable surgical procedures to return individuals to function. The most common diagnosis is osteoarthritis which is pertinent in this case. Overall, total knee arthroplasties were found to be quite effective in terms of improvement and health related quality of life dimension. Total knee arthroplasty was found to be associated with substantial functional improvement (*Kane, 2005*).

Official Disability Guidelines Indications for Surgery – Knee arthroplasty:

Criteria for knee joint replacement - (If only one compartment is affected, a unicompartamental or partial replacement is indicated. If two of the three compartments are affected, a total joint replacement is indicated).

1. **Conservative Care:** Medications or Visco supplementation injections OR steroid injection, PLUS
2. **Subjective Clinical Findings:** Limited range of motion OR nighttime joint pain OR no pain relief with conservative care, PLUS
3. **Objective Clinical Findings:** Over 50 years of age AND body mass index of less than 35, PLUS
4. **Imaging Clinical Findings:** Osteoarthritis on: standing x-ray OR arthroscopy. (*Washington, 2003*) (*Sheng, 2004*) (*Saleh, 2002*) (*Callahan, 1995*)

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. *The American College of Occupational and Environmental Medicine Guidelines*. Accessed 04/02/07, Chapter 13.
2. *The Official Disability Guidelines, 11th Edition*, The Work Loss Data Institute. Accessed: 04/02/07.