



5068 West Plano Parkway Suite 122
 Plano, Texas 75093
 Phone: (972) 931-5100
 Fax: (888) UMD-82TX (888-863-8289)

DATE OF REVIEW: AUGUST 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Total right knee replacement

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Total right knee replacement	27447	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Initial evaluation office notes –MD	
Letter to TDI regarding need for knee surgery –MD –Center	11/27/06
Utilization Review referral form – request for knee surgery - MD	07/06/07
UR adverse determination to knee replacement –Ins. Co.	07/13/07
Letter regarding need for knee surgery –MD	07/13/07
UR appeal for knee surgery –MD	07/23/07
UR appeal - adverse determination –Ins. Co.	07/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The request is for an IRO for a right knee replacement arthroplasty, 4-5 day length of stay, followed by home physical therapy and lab draws. The patient is a male who fell at work sustaining a comminuted bicondylar tibial plateau fracture. He had open reduction with internal fixation (ORIF) with plate and screws and physical therapy post operatively. He continues to have pain and has not returned to work. X-rays revealed a nonunion of posterior tibial plateau fractures and comminution/arthritis changes. His knee range of motion (ROM) is passively 0-130 degrees with a 5 degree extension lag with active extension. He has a varus deformity. The requestor is Dr. He does not want to use a conventional primary type femoral prosthesis but revision type prosthesis for the tibia. The reason given for the surgery is traumatic arthritis of the right knee.

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

Based upon the few clinical documents for review, it appears that the patient does have significant traumatic knee arthritis. Is most of the pain from the arthritis or from the non-union? The patient is old and apparently a laborer with no other options for work other than as a laborer. There is no documentation to the contrary. A total knee arthroplasty in a young laborer would not endure for any meaningful time due to the rigors imposed upon it by the demands of a laborer. If one adds to this scenario, the revision tibial prosthesis, the risk of bone stock loss is significant or inevitable which would make a revision in the quite near future very difficult to manage. The patient may require several revisions before he is age 60 or 65. There may not be enough bone left upon which to do all of these revisions, especially on the tibial side. Perhaps a fusion may be more durable and functional in the long term. This examiner did not mention increased risk of infection each time a knee revision is done. The skin is rendered more susceptible to infection with each subsequent surgical procedure. Nonetheless, based upon the available clinical information and the evidence based peer reviewed literature, the request for a total knee arthroplasty, home physical therapy, lab draws and a 4-5 day length of stay are not certified.

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

ODG, 4th ed, 2006 states that knee replacement arthroplasties are well accepted as reliable and suitable surgical procedures to return patients function. The most common reason for its use is arthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. (Ethgen, 2004) Total knee arthroplasty was found to be associated with substantial functional improvement. (Kane, 2005) Navigated knee replacement provides few advantages over conventional surgery on the basis of radiographic end points. (Bathis, 2006) (Bauwens, 2007) The majority of patients who undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. (Bauman, 2007) Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 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 Night-time 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)