



DATE OF REVIEW: 4/23/07

IRO CASE #: **NAME**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for right total knee arthroplasty.

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

Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

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)

Previously denied request for right total knee arthroplasty.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Nurse Summary, undated
- Release to work, Dr.
- Work status report, Dr.
- Office notes, Dr., 02/07/06 and 02/14/06
- TWCC work status report, , 02/07/06, 02/14/06, 02/21/06, 02/23/06, 04/06/02, 04/27/06, 06/05/06, 06/22/06, 07/06/02, 07/20/06, 07/27/06, 08/22/06, 9/19/06, 10/17/06, 11/14/06, 11/28/06, 12/12/06, 01/02/07, 02/06/07, 02/08/07, 03/12/07, 03/26/07, 03/28/07 and 04/02/07
- Employer's first report of injury or illness
- Right knee MRI, 02/13/06

- Office notes, Dr., 02/21/06 and 02/23/06
- Return to work with restrictions, Dr., 02/23/06
- Operative report, Dr., 03/17/06
- Intraoperative record, record, 03/17/06
- Physical therapy initial evaluation, 03/29/06
- Disputed issue refusal to pay benefits noted, 04/03/06
- Daily therapy notes, Therapist, 04/19/06, 04/25/06, 06/08/06 and 06/23/06
- Physical therapy re-evaluation, Therapist, 05/02/06
- Physical therapy plan of care, Therapist, 05/02/06
- Bilateral knee x-rays, 06/05/06
- Office note, Dr., 06/05/06
- Physical therapy evaluation, 06/06/06
- Letter, Dr., 06/22/06
- Worker's healthcare progress note, 06/22/06, 07/06/06, 07/27/06, 08/22/06, 10/17/06, 11/14/06, 11/28/06, 01/02/07 and 01/24/07
- Office notes, Dr., 07/20/06, 02/08/07
- Functional capacity evaluation, 07/31/06
- Chronic pain initial assessment, 08/14/06
- Clinical interview Pain Medicine, 09/21/06
- Pain medicine progress note, Dr., 09/18/06, 09/25/06, 10/03/06, 10/24/06, 11/17/06, 11/29/06, 12/06/06, 12/08/06, 12/15/06, 01/24/07, 02/26/07 and 02/26/07
- clinic progress notes, 02/06/07 and 03/12/07
- CMT and range of motion noted, 02/08/07
- Physical conditioning daily note plan, 02/26/07, 03/01/07, 03/12/07
- Peer review, 03/02/07 and 03/14/07
- Progress note, Individual therapy, 03/06/07
- Job readiness skills class, 03/12/07
- Telephone conference, 03/14/07
- Surgery request, 03/26/07
- Request for independent review, 03/26/07

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:

Gender: Female

Date of Injury:

Mechanism of injury: Foot slipped in cooler while stocking.

Diagnoses: Knee pain, right knee strain versus exacerbation degenerative joint disease knee Left medical and lateral meniscal tear; chondromalacia tricompartmental, severe synovitis three compartment Internal derangement right knee posts surgical Status post, arthroscopic medical and lateral meniscectomy, chondroplasty and synovectomy three compartment.

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

The claimant's foot slipped while stocking and was examined by Dr. for bilateral knee and low back pain. The claimant had a prior history of arthritis in the left knee but not the right. On examination, she had full range of motion and negative Lachman's and McMurray testing. Radiology films showed a narrow joint space. The claimant was placed on modified duty and was given naproxen. An MRI of the right knee revealed moderate joint effusion, a tear of the posterior and anterior horns of the medial meniscus, and chondromalacia of the bilateral femoral condyles and patella. The operative report on 3/17/06 stated that the claimant had a left medial and lateral meniscectomy, chondroplasty and synovectomy of three compartments. The intra-operative and post anesthesia records indicated that the claimant had a right knee arthroscopy, medial meniscectomy chondroplasty. All post-operative documentation indicated the right knee. Post-operative physical therapy was begun on 3/29/06. Dr. examined the claimant for continued post-operative pain and swelling in the right knee. There was tenderness over the medial, lateral joint lines and patella. A diagnosis of internal derangement right knee post surgery was given. The treatment consisted of ibuprofen, Ultram and continued physical therapy. The claimant was taken off work as she was not capable of restricted duty. The claimant was seen by Dr. for a second opinion on 7/20/06. On examination, she had full range of motion, no ligamentous laxity and a negative anterior drawer. Crepitus was noted at the patella femoral and medial joint line. Dr. recommended continued medication, adding Glucosamine and Chondroitin, Supartz injections and the possibility of total knee replacement. A functional capacity evaluation was completed on 7/31/06, which found the claimant capable of a sedentary position, not the medium level of her own occupation. In August 2006, the claimant was referred to a chronic pain management program. It was noted that she was compliant with the pain medicine program which included yoga, group and independent exercise, and aquatic treatments. Minimal improvement was noted as she continued to have swelling in the right knee and painful range of motion. In November 2006, she was returned to work with restrictions. The claimant had attempted to work as greeter for four hours per day, but had increased pain by the end of the shift due to prolonged weightbearing. Dr. noted on 2/08/07 that the requested Supartz injections had been denied by the carrier. An examination of the right knee noted full range of motion, patella femoral and medial joint line tenderness. There was no ligamentous laxity, and the anterior drawer test was negative. A diagnosis of traumatic arthritis status post arthroscopy was given. Dr. noted that the claimant had exhausted all conservative measures that included physical therapy, anti-inflammatory medications, intra-articular steroid injections and bracing. A right total knee arthroplasty was recommended based on the operative findings and radiology films which showed joint space narrowing. A computerized range of motion test noted the right knee flexion to be at 100. The requested total knee arthroplasty was denied on peer review on 3/2/07. The claimant continued with pain medicine modalities. A clinic note on 3/12/07 indicated that the claimant was not able to work four hours due to increased pain in the right knee. On examination, there was decreased range of motion to the right knee due to pain. A diagnosis of internal derangement right knee was given, the claimant was taken off work, and Norco was prescribed. An appeal for the requested total knee replacement was denied. Right knee total arthroplasty does not appear to be medically reasonable in this female who sustained an injury to her knee. She subsequently underwent a medial and

lateral meniscectomies and chondroplasty. There is confusion within the documentation which knee is actually the one being referred to, whether it is left or right. Post-operatively, she had physical therapy, anti-inflammatories, corticosteroid injections and pain management. She has not had Viscosupplementation therapy. She has had activity modification and modifications within her work level. She had only returned to work as a greeter for four hours a day. The request for right total knee replacement is not supported by the medical records because this claimant has not had the Viscosupplementation therapy for this, and the reviewer does not think it is reasonable to pursue a total knee arthroplasty given the patient's young age and her close proximity to arthroscopy. Typically, after arthroscopy and excision of the entire meniscus, arthritis would not become apparent until much later in time duration after surgery than what this person is presenting. Based on the clinical information available for review, the lack of sufficient conservative measures in this patient's young age, and the finite life span of the knee replacement prostheses, the reviewer does not think that total knee arthroplasty is medically reasonable or necessary.

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.
- 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 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).

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