

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee arthroplasty

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

M.D., Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

I would consider right total knee arthroplasty as medically necessary for this patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr.

Right knee MRI, 05/06/99

Office note, Dr., 06/09/99 and 06/23/99

Medical review, 07/15/99

Second opinion, Dr., 07/21/99

Office notes, Dr., 08/18/99, 08/25/99, 09/15/99, 11/03/99, 12/01/99, 12/08/99, 01/12/00, 02/02/00, 02/09/00, 02/16/00, 07/05/00, 03/20/02 and 07/10/02

Left knee MRI, 10/08/99

Office notes, Dr., 01/10/00, 04/18/00, 06/21/00, 03/22/01, 05/25/01, 10/31/01, 11/28/01, 01/18/02, 10/31/02 and 02/13/02

Office notes, Dr., 03/27/01, 08/21/01, 09/11/01, 09/14/01, 09/28/01, 10/12/01 and 01/18/02

Right shoulder MRI, 05/10/01

Operative report, 09/21/01

Physical therapy notes, 10/26/01, 10/30/01, 11/07/01, 01/23/02, 01/24/02 and 02/13/02

Office notes, Dr., 02/06/02, 05/15/02, 10/16/02, 01/22/03, 03/12/03, 08/27/03, 06/09/04, 02/09/05, 05/11/05, 10/12/05, 04/19/06, 06/21/06, 10/04/06, 12/20/06, 04/04/07, 07/11/07 and 08/08/07

Maximum Medical Improvement and Impairment Rating Evaluation, 06/03/02

Required Medical Evaluation, 04/23/03

notification of adverse determination, 07/30/07 and 08/30/07

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates: Knee – Knee Joint Replacement

Request for IRO, 09/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is currently a female cashier. She suffered bilateral knee contusions and right shoulder pain after tripping on concrete and falling forward, striking both knees. Meniscal tears of the bilateral knees were diagnosed. The claimant stated her preference for conservative treatment versus surgery. She treated with nonsteroidal anti-inflammatory medications, physical therapy, bracing, cortisone injections and Synvisc injections to both knees. Bilateral knee pain and swelling persisted. On 09/21/01 the claimant underwent bilateral arthroscopic medial meniscectomies and debridements. The operative note reported right knee findings including chondromalacia in all three compartments as well as meniscal tearing. The claimant continued conservative treatment postoperatively including injections but reported worsening bilateral knee pain, right greater than left. On 04/19/06 Dr. noted that X-rays showed loss of medial joint space in the bilateral knees, with near bone on bone contact on the right and approximately 90 percent joint space loss on the left. The claimant developed some quadriceps atrophy, increasing varus deformity of the right knee and varus thrust while ambulating. Authorization of a right total knee arthroplasty was requested.

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

The purpose of this review is to answer the question “is right total knee arthroplasty medically necessary”. We have not been asked whether or not the mechanism of injury would be a contributing factor or a causal factor.

In discerning the medical necessity for total knee arthroplasty it is important to note that this patient’s degenerative change, already described as severe on the May 1999 MRI, has been treated most thoroughly with physical therapy, medications, steroid injections, Visco supplementation, arthroscopic debridement, and time. Despite all of these conservative treatments, the treating orthopedic surgeon has documented ongoing degenerative complaints. It is noteworthy that the right knee arthroscopic findings from as early as September 2001 included grade II to grade IV changes at the medial femoral condyle with milder changes in the later and patellofemoral compartments. It is noteworthy that follow up notes include

documentation of increasing varus deformity and in fact include documentation that the radiographs reveal loss of the medial joint space with nearly bone on bone contact on the right.

When one seeks to apply Official Disability Guidelines, this patient has certainly had extensive conservative care including Visco supplementation, steroids and medications. From a subjective clinical standpoint there appears to have been no relief with conservative care and indeed there are notes to suggest limitation of motion. From an objective clinical standpoint the patient is over year-of-age. Both arthroscopy and plain films have confirmed severe osteoarthritis.

The only criterion which is unknown in this case is the body mass index. Literature has shown that this is not of tremendous importance in determining the need for total knee arthroplasty or the response to total knee arthroplasty. Given the severe degenerative change in this particular patient's case, the body mass index is really not a useful criterion given nearly bone on bone changes and the failure of longstanding and incredibly thorough conservative care.

As such the specific answer to your question: I would consider right total knee arthroplasty as medically necessary for this patient for all of the reasons outlined above. Please note that this recommendation does not in any way seek to comment on the relatedness of the proposed procedure to the injury.

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates: Knee – Knee Joint Replacement

Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. 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)

ODG Indications for Surgery -- Knee arthroplasty:

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.

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 & 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)