



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: September 18, 2007

IRO Case #:

Description of the services in dispute:

Item(s) in dispute: right knee surgery–knee replacement. Medical necessity.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery in General Orthopaedic Surgery. This reviewer is a fellow of the American Academy of Orthopedic Surgeons. This reviewer is a member of the Pediatric Orthopaedic Society of North American, the Western Orthopaedic Association and the American College of Physician Executives. This reviewer has been in active practice since 1994.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured

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.

Total knee replacement is medically necessary for this patient with end–stage osteoarthritis in the patello–femoral and lateral knee compartments.

Information provided to the IRO for review

Records Received from the State:

Texas Department of Insurance IRO Request Form-08/09/07-9pages
Company Denial Letter to Dr. -6/15/07-3 pages
Company Denial Letter to Dr. -7/24/07-3 pages

Records Received from the Provider-Dr. :

Texas Department of Insurance IRO Request Form-8/30/07-1 page
X-Ray Report from Center-10/5/05-1 page
Letter from Dr. to Dr. -10/17/05-1 page
Texas Workers Compensation Work Status Report-Undated-1 page
Consultation Letter to from Dr. -2/1/06-4 pages
Medical Center Operative Report-4/15/06-2 pages
Medical Center History and Physical Report-4/15/06-3 pages
Medical Center Lab Results-4/15/06-3 pages
Follow-up Letter from Dr. to Dr. -4/21/06-1-page
Follow-up Letter from Dr. to Dr. -4/28/06-1-page
Physical Therapy Clinic Initial Evaluation-5/15/06-2 pages
Follow-up Letter from Dr. to Dr. -6/6/06-1-page
Follow-up Letter from Dr. to Dr. -6/30/06-1-page
Texas Workers Compensation Work Status Report-7/28/06-1 page
Follow-up Letter from Dr. to Dr. -7/25/06-1-page
Follow-up Letter from Dr. to Dr. -8/25/06-1-page
Texas Workers Compensation Work Status Report-8/25/06-1 page
Designated Doctor Evaluation by DO-8/26/06-6 pages
Texas Workers Compensation Work Status Report-10/20/06-1 page
Report of Medical Evaluation by MD-8/28/06-1 page
Follow-up Letter from Dr. to Dr. -10/20/06-1-page
Texas Workers Compensation Work Status Report-11/28/06-1 page
Follow-up Letter from Dr. to Dr. -11/28/06-1-page
Texas Workers Compensation Work Status Report-12/28/06-1 page
Letter from Dr. to Dr. -6/1/07-1 page
LP Consultation by Dr. -6/1/07-2 pages
Texas Workers Compensation Work Status Report-6/18/07-1 page
Letter from Dr. to Dr. -6/18/07-1 page

Records Received from the Carrier:

Texas Department of Insurance IRO Request Form-8/30/07-1 page

Notice of Disputed Issue(s) and Refusal to Pay Benefits Letter-3/6/06-1 page
Report of Medical Evaluation by MD-8/28/06-1 page
Pre-Authorization Request-6/11/07-2 pages
Utilization Review Medical Management Summary-From 6/11/07 to 7/24/07-7 pages

Patient clinical history [summary]

The patient is a female who injured her right knee. An MRI demonstrated an osteochondral defect. She underwent arthroscopic surgery on 04/15/06 performed by Dr. Findings at surgery included severe patellofemoral and lateral compartment arthritis with loss of cartilage in the intercondylar groove and a large lateral condylar osteochondral lesion which was shaved and absence of cartilage on the lateral tibial plateau. A lateral meniscal tear was also present and was debrided and a large intercondylar osteophyte was removed. Post-operative physical therapy was performed and work and activity restrictions were imposed. In subsequent follow up the patient continued to complain of severe right knee pain with significant functional limitations including standing and walking. On re-evaluation by Dr. on 06/01/07 the patient was noted to have "...a severe degree of pain, discomfort and swelling of the right knee and is unable to stand for any length of time." Physical examination demonstrated lateral joint line tenderness and anatomic lower extremity alignment of 15 degrees valgus. Plain standing x-rays demonstrated complete loss of joint space on the lateral side. A total knee replacement was recommended.

1. Item(s) in dispute: right knee surgery-knee replacement. Medical necessity.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

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Total knee replacement is medically necessary for this patient with end-stage osteoarthritis in the patello-femoral and lateral knee compartments. Although viscosupplementation would likely provide temporary symptomatic relief, the severity of the articular lesions seen at arthroscopy indicate that the patient is a candidate for knee replacement at the present time.

Viscosupplementation will only temporarily delay, but not eliminate the need for total knee arthroplasty with continued worsening of the deformity of the patient's lower extremity malalignment. Total knee replacement will reliably relieve the patient's symptoms and will be quite effective in terms of improvement in health-related quality-of-life dimensions. Given the presence of two-compartment disease, a unicompartmental arthroplasty is not indicated in this patient.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. Kane RL, Saleh KJ, Wilt TJ, Bershadsky B. The functional outcomes of total knee arthroplasty. J Bone Joint Surg Am. 2005 Aug;87(8): 1719–24.
2. Modawal A, Ferrer M, Choi HK, Castle JA. Hyaluronic acid injections relieve knee pain. J Fam Pract. 2005 Sep;54(9): 758–67.