



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

DATE OF REVIEW: September 26, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization: Right Knee unicompartmental patial replacement with a 5-day length of stay.

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

The physician who provided this review is certified by the American Board of Orthopedic Surgery. This reviewer is licensed in three states and has privileges at three hospitals. This physician has been the Chairman of the Emergency Room Committee, a Medical Staff Treasurer, Section Chief of Orthopedic Surgery. This physician is a Diplomate of the American Academy of Orthopedic Surgery and the Arthroscopy Association of North America. They are an assistant professor at a school of medicine for Orthopedic Surgery. The reviewer also serves as a consultant to a state workers compensation board as well as health carrier boards. This reviewer has been in active practice since 1989.

Review Outcome

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

Upheld

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.

Medical necessity does not exist for the requested right knee unicompartmental patial replacement with a 5-day length of stay.

Information provided to the IRO for review

Records Received From the State:

Confirmation of receipt of a request for a review by an independent review organization, 9/7/07, 4

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
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pages

Request for a review by an independent review organization, 8/31/07, 3 pages

Notification of determination, 8/7/07, 3 pages

Review summary, 8/22/07, 3 pages

Records Received From Concentra:

Operative report, 2/7/06, 2 page

MRI of the right knee report, 3/30/06, 1 page

Records Received from Dr. Seay:

Letter from Dr., 10/6/06, 2 pages

Patient notes, 1/20/06–7/14/06, 6 pages

Operative report, 7/18/06, 2 pages

Patient notes, 7/19/06–10/6/06, 5 pages

MRI of the right knee report, 10/9/06, 2 pages

Patient notes, 11/20/06–8/13/07, 6 pages

Records Received from Lust Law Offices:

Letter from the law offices, 9/12/07, 3 pages

Procedure note, 8/7/07, 1 page

Procedure note, 8/23/07, 1 page

Patient note, 1 page

Health insurance claim form, 1 page

Encounter form, 1 page

Texas Workers' Compensation Work Status Report, 1 page

Texas Workers' Compensation Work Status Report, 12/9/05, 1 page

Follow up injury encounter form, 12/9/05, 1 page

MR of the right knee report, 12/13/05, 1 page

Follow up injury encounter form, 12/15/05, 1 page

Texas Workers' Compensation Work Status Report, 12/15/05, 1 page

Health insurance claim form, 12/20/05, 1 page

Health insurance claim form, 12/20/05, 1 page

Physical therapy notes, 12/20/05, 1 page

Follow up injury encounter form, 12/22/05, 1 page

Texas Workers' Compensation Work Status Report, 12/22/05, 1 page

Health Insurance Claim Form, 12/27/05, 1 page

Physical therapy note, 12/27/05, 1 page

Follow up injury encounter form, 1/4/06, 1 page

Texas Workers' Compensation Work Status Report, 1/18/06, 1 page
Anesthesia record, 7/7/06, 1 page
Prescription for outpatient therapy, 4/5/06, 1 page
Diagnosis list, undated, 1 page
Patient note, 4/26/06, 1 page
PT/OT evaluation, 4/26/06, 2 pages
Patient note, 4/28/06, 2 pages
Patient note, 5/1/06, 2 pages
Patient note, 5/3/06, 2 pages
Patient note, 5/8/06, 2 pages
Prescription for outpatient therapy, 5/10/06, 1 page
Patient note, 5/10/06, 2 pages
Copy of electrode package, undated, 1 page
Patient note, 5/10/06, 2 pages
Patient note, 5/12/06, 2 pages
Patient note, 5/17/06, 2 pages
Patient note, 5/19/06, 2 pages
Patient note, 5/22/06, 2 pages
Patient note, 5/24/06, 2 pages
Letter from MD, 6/9/06, 2 pages
X-ray report, 6/9/06, 1 page
Texas Workers' Compensation Work Status Report, 6/9/06, 1 page
Second opinion medical examination, 6/27/06, 6 pages
Health insurance claim form, 7/18/06, 2 pages
Anesthesia record, 7/18/06, 1 page
Texas Workers' Compensation Work Status Report, 8/4/06, 1 page
Patient note, 8/2/06, 1 page
Lab report, 8/7/06, 1 page
Patient information, 8/7/06, 1 page
Lab report, 8/7/06, 2 pages
Patient notes, 9/21/06, 1 page
Prescription for outpatient therapy, 9/13/06, 1 page
PT/OT evaluation, 9/15/06, 2 pages
Patient note, 9/18/06, 2 pages
Patient note, 1 page
Patient note, 9/22/06, 2 pages
Patient note, 9/25/06, 2 pages
Insurance claim form, 11/25/06, 1 page

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Billing form, 11/25/06 and 11/26/06, 1 page
Admission history and physical, 1/25/06, 2 pages
Emergency department treatment form, 11/25/06, 1 page
Emergency department initial nursing assessment/reassessment, 11/25/06, 2 pages
Letter from MD MPH, 12/7/06, 6 pages
Admission note, 1/15/07, 1 page
Radiology report, 1/15/07, 1 page
Emergency department treatment form, 1/15/07, 1 page
Emergency department initial nursing assessment/reassessment, 1/15/07, 1 page
Patient note, 7/30/07, 1 page
Employee visits report, -1/4/06, 1 page
Employee medical activity history, -1/4/06, 1 page
Copy of check from Company, 9/17/07, 1 page
Fax from to 8/31/07, 1 page
Notice to Inc, of Case Assignment, 9/10/07, 1 page
Fax from to 9/10/07, 1 page
Fax from LPN Utilization review to Institute, 9/12/07, 1 page
Fax from to Pre-cert, 3/18/07, 1 page
Notice of Assignment of Independent Review Organization, 9/10/07, 2 pages

Patient clinical history [summary]

This is an individual who sustained injury to his right knee. He underwent arthroscopic surgery on 2/06 and 7/18/06. He was found to have a cartilage defect. He has failed to improve. His physician has recommended a unicompartmental total knee replacement.

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

A right unicompartmental arthroplasty is not medically necessary for this patient. This individual has global pain. His condition has not improved despite all treatments provided. This includes physical modalities, pain medication and two arthroscopic procedures. He has had several opinions and visits to physical therapists and emergency room. He has demonstrated pain to the medial, lateral and patellofemoral area.

Unicompartmental arthroplasty has been found to be of benefit in limited clinical situations. An individual with isolated compartmental disease would be the ideal candidate. The scientific literature demonstrates less benefit with lateral compartment replacement. This individual has a flexion contracture. This is a contraindication for a unicompartmental arthroplasty. He will have marked difficulty regaining normal motion. A 15' contracture places his extremity at a significant

disadvantage for normal function. A unicompartmental arthroplasty will not alleviate this condition. There are no extenuating circumstances to substantiate the necessity of a unicompartmental arthroplasty for this patient.

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

The Official Disability Guidelines, page 8, procedures

AAOS guidelines 2007 OKO

Unicompartmental Knee Arthritis

Unicompartmental Knee Arthroplasty: Indications, by Della Valle, Berger, and Rosenberg

Noninflammatory arthritis of the medial or lateral tibiofemoral compartment or osteonecrosis of one femoral condyle

No patellofemoral arthritis

Sedentary lifestyle (relative)

Age over 60 years (relative; 90% of the senior authors' patients are older than 60 years of age)

Range of motion greater than 90 degrees

Less than 10-degree flexion contracture

Deformity of less than 10 degrees of varus or 15 degrees of valgus

Not more than Outerbridge grade 2 chondrosis of the patellofemoral and contralateral compartment as determined intraoperatively

Functioning anterior and posterior cruciate ligaments

Non-obese