

# **MATUTECH, INC.**

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Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 27, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right total knee replacement

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

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of the American Academy of Orthopedic Surgeons. The reviewer has been in active practice for 20 years.

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Texas Department of Insurance

- Utilization reviews (11/29/07 – 12/18/07)

, M.D.

- Office notes (08/13/07 - 12/10/07)
- MRI right knee (07/30/07)
- Right knee arthroscopy (09/11/07)
- Utilization review (11/29/07)

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ODG criteria sited in denial

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old male who got injured on xx/xx/xx. He jumped off a window ledge and bent his right knee and started complaining pain and giving way of the knee.

Following the injury, the patient had right knee medial joint pain. A magnetic resonance imaging (MRI) scan of the right knee revealed: (1) flap tear involving the posterior horn and posterior mid body junction of the medial meniscus with contour abnormality along the superior articular surface; (2) associated subchondral sclerosis and marrow edema along the posterior femoral condyle and posterior tibial condyle with cartilage degenerative changes; (3) extensive cartilage abnormality along the patellofemoral joint predominantly along the lateral patellar and lateral trochlear cartilages with associated marrow abnormality; (4) osteoarthritic changes with osteophytic lipping along the patellofemoral and medial joint compartment and to a lesser extent lateral joint compartment; (5) focal marrow contusion along the medial distal femoral condyle; (6) a small subchondral fracture with depression along the medial corner of the femoral condyle and associated marrow edema, most likely related to traumatic event.

On September 11, 2007, M.D., performed right knee arthroscopic examination with excision of torn medial and lateral meniscus and debridement and chondroplasty of the patella and femoral groove.

Postoperatively, the patient did well and regained most of his motion. He was put in physical therapy (PT). While in the PT, he suffered from right calf pain and underwent Venus Doppler study which was negative.

On November 21, 2007, Dr. noted the patient still continued to have pain and giving out of the right knee. He noted minimal crepitus on motion. He discussed treatment options with the patient and the patient wished to go ahead with the total knee replacement (TKR) on the right.

On November 29, 2007, the right TKR was non-authorized with the following rationale: *The request for the right TKR with a five-day length of stay is not certified at this time. The most recent clinic notes indicate that the patient had minimal crepitus and range of motion of 0 to 125 degrees. There are no radiographs or radiograph reports submitted postoperatively and as such it is not clear if this patient makes criteria for TKR. Certainly with the date of injury of xx/xx/xx, this would be a very large surgery recently after a date of injury. Additional information is needed prior to certification.*

On December 10, 2007, Dr. noted right knee ROM from full extension to 125 degrees of flexion. There was crepitus on motion. He opined that the right TKR was directly related to the injury of xx/xx/xx. The injury made it necessary to go ahead with a chondroplasty which had failed. The subchondral fracture with depression at the medial aspect of the femoral condyle was not pre-existent and not related to osteoarthritis.

On December 18, 2007, reconsideration for the TKR was non-authorized with the following rationale: *While the patient meets certain criteria for TKR per ODG such as arthritis by arthroscopy and being over 50 years age, he is lacking any evidence that he has had conservative care for his knee other than therapy since the time of his September 2007 surgery. This conservative care should include anti-inflammatory medications, steroid injections, and consideration for viscosupplementation prior to considering this aggressive treatment plan so soon after the initial surgical procedure. In addition, a five-day length of stay is excessive and a three-day stay is the general recommendation.*

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

I agree with the assessment of Dr., MD. There is no documentation the patient has had lower levels of care, including anti-inflammatory medication and injection treatment. There is also no documentation on the patient's x-rays postoperatively. Patient is also noted to have a recommendation for a total knee replacement approximately two months post operatively. This is also to determine whether his initial surgery was successful.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**