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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 28, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee replacement (27447)

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)

Medical documentation does not support the medical necessity of Right total knee replacement (27447)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (11/13/07 – 11/27/07)
- Office notes (11/12/07)
- Utilization and peer reviews and DDE (10/02/06 – 11/27/07)

D.O.

- Office notes (05/26/05 - 11/30/07)
- Radiodiagnostics (06/02/05 - 07/17/06)
- Physical therapy (05/10/05 - 07/21/05)
- FCE (06/03/05 – 08/01/05)

- Right knee surgery (04/25/06)
- Reviews, DDE, RME (07/19/05 - 05/15/07)

ODG criteria utilized for the denials none submitted by the insurance company.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who was injured during the course and scope of her employment on xx/xx/xx. She was unhooking a passenger in an electric wheelchair when the passenger put the wheelchair in reverse and hit her, pinning her against a wall. In the event, she injured her neck, both shoulders, and right knee.

Following the injury, M.D., evaluated the patient. She had a history of rotator cuff surgery in 2001. Dr. diagnosed acute cervical strain, bilateral shoulder strain, and right knee strain. The patient attended 26 sessions of physical therapy (PT). In a functional capacity evaluation (FCE), the patient qualified at a light to medium physical demand level (PDL). X-rays of the right knee revealed degenerative joint disease (DJD) with supra-patellar effusion. X-rays for the right and left shoulder were unremarkable.

In July 2005, M.D., performed a required medical examination (RME) and rendered the following opinions: (1) There were subjective complaints of bilateral shoulder pain, cervical pain, and knee pain with symptom magnification and no objective abnormalities. (2) The patient should return to work with no restrictions. (3) The length and frequency of treatment up to this point had been appropriate, but no further treatment or diagnostic testings were indicated.

In July 2005, MRI of the right knee revealed: (1) Grade IV tearing/probable bucket handle tear involving the majority of the lateral meniscus, most pronounced within the anterior horn and body. (2) Mild tricompartmental degenerative changes. Grade I chondromalacia and small osteophyte within the medial and lateral compartment and grade II chondromalacia patellar changes. (3) Moderate knee effusion.

Dr. assigned 14% whole person impairment (WPI) rating. , M.D., an orthopedic surgeon, noted swelling and locking with popping in the right knee. He planned arthroscopic partial lateral meniscectomy. M.D., a designated doctor, deferred maximum medical improvement (MMI) due to pending surgery. He opined that while the degenerative changes were pre-existing, the bucket handle tear was most likely direct result of the trauma and certainly consistent with the mechanism of injury.

On April 25, 2006, Dr. performed right knee arthroscopy with partial lateral meniscectomy, medial femoral and patellar chondroplasty, and tricompartmental synovectomy. The patient attended postoperative PT. Repeat MRI of the right knee revealed cartilage defect of the weightbearing portion and medial femoral condyle, edema or contusion underlying lateral tibial plateau, postoperative changes, and moderate effusion.

In July 2006, Dr. performed an RME and rendered the following opinions: (1) Based on the history of mechanism of injury, it was unlikely that she would have sustained a bucket handle tear of the medial meniscus. The mechanism of injury might have aggravated the arthritis. (2) Her prognosis was fair. (3) The length and frequency of treatment was not appropriate. (4) No further treatment or diagnostic testing was reasonable, necessary, or related.

Based on the MRI findings, Dr. recommended right total knee arthroplasty (TKA). In a peer review, M.D., rendered the following opinions: (1) The injury was simply a contusion of the knee and strain of the cervical strain and shoulder. The meniscal tear was probably related to the degenerative osteophytes but also could be related to mechanism of injury. (2) The meniscal tear would require arthroscopic intervention. (3) TKA might be warranted but not related to the injury.

M.D., a designated doctor, assessed MMI as of November 13, 2006, and assigned 9% WPI rating. Dr. continued her on Celebrex and Darvocet N. He stated the patient had not recuperated fully from her injuries and continued to experience severe pain and rigidity in her right knee as a result of her injuries. She had very limited range of motion (ROM) in the right knee with tenderness, popping, and swelling. Her surgery was pending due to forthcoming benefit review conference (BRC).

In May 2007, M.D., performed a peer review and rendered the following opinions: (1) The injury was a contusion of the knee and strain of the shoulder and cervical spine. The bucket handle tear was most likely to be a degenerative tear or secondary to a twisting injury and not secondary to contusion that was described. (2) A simple six-week course of PT would have been reasonable. (3) Medications (Darvocet and Celebrex) were not reasonable and necessary and related to the injury. (4) She would require no further medical treatment based on the description of the mechanism of injury and diagnosis. (5) She clearly had underlying orthopedic degenerative conditions that would likely require ongoing conservative and ultimately surgical interventions. However, there was little to no objective evidence to suggest causality between the injury event and these degenerative conditions.

In November 2007, Dr. requested right TKR. The request was denied with the following rationale: *With the limited information provided, this reviewer cannot ascertain if the TKR is medically necessary. There is limited information. The claimant was seen by Dr. with complaints of knee pain. She appears to have undergone therapy. There is no documentation of the degree of degenerative changes on her plain films. It is not documented if she underwent viscosupplementation or cortisone injections. The mechanism of injury is not consistent with significant trauma. It appeared to be a low energy strain which should not have been the cause for the TKA.*

Dr. made request for the reconsideration stating that the patient had findings of Grade IV chondromalacia of the medial femoral condyle and a lateral meniscal

tear and she initially did well after the surgery. However, she had recurrence of her symptoms with pain upon ambulation and stair climbing and the only surgical option is arthroplasty.

The reconsideration for right TKR was non-authorized with the following rationale: *According to the records, the patient had degenerative joint disease at the time of the injury based on x-rays. The mechanism of accident did not cause a DJD. The patient may need a TKA but this cannot be attributed to the accident. One cannot clearly conclude that the accident caused the patient to require TKA as the changes seen on the x-rays according to the records clearly could not have happened so fast and therefore were pre-existing. This reviewer fully agrees with the opinions of Dr. and Dr who both concur that the injury did not cause the severe DJD. In addition, the meniscectomy did not cause this joint disease and so TKA is not reasonable and necessary compensable to the injury.*

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

Based on review of the available documentation, I am in agreement with Dr. and assessment that the patient's degenerative arthritis and the reason for the request of the total knee arthroplasty is pre-existing. The mechanism of injury which is a knee contusion is not consistent with the degenerative arthritis which were pre-existing on x-ray. Also, there is no documentation of non operative management to include viscous supplementation injections or intraarticular joint injections. There is no documentation on this patient's body mass index.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES