INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/07/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Total Left Knee Arthroplasty with 3 day Inpatient Stay.

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Evaluation notes M.D., dated 01/22/09, 02/12/09, 03/12/09, 03/26/09, 04/30/09, 05/07/09, 05/26/09, 06/18/09, 07/16/09, 07/28/09, 09/10/09, 09/30/09, 07/03/08, 07/17/08, 07/31/08, 10/30/08
2. Specialty Hospital operative report dated 05/01/09.
3. Physical therapy daily progress note Orthopaedic Surgery Group & Center for Sports Medicine dated 01/07/09, 01/08/09, 01/09/09, 01/14/09, 02/23/09, 02/24/09, 02/26/09, 03/02/09, 03/03/09, 03/10/09, 03/11/09, 03/12/09, 03/13/09, 03/18/09, 05/08/09, 05/13/09, 05/14/09, 05/18/09, 05/20/09, 05/21/09, 06/03/09, 06/05/09, 06/16/09, 06/19/09,06/24/09, 06/26/09, 06/29/09, 07/01/09.
4. Peer review dated 11/03/09.
5. Peer review dated 11/13/09.
6. Initial evaluation Orthopaedic Surgery Group & Center for Sports Medicine dated 01/05/09.

7. Functional Capacity Evaluation dated 12/17/08.
8. MR knee left no contrast 07/24/08.
9. Physical therapy progress report dated 08/29/08.
10. Specialty Hospital operative report dated 08/29/08.
11. Physical therapy reevaluation dated 02/06/09, 03/05/09, 05/07/09, 06/08/09.
12. Functional capacity evaluation dated 02/06/09.
13. Health insurance claim forms.
14. MMI/IR evaluation dated 02/06/09.
15. Discharge summary 07/10/09.
16. Case summary report dated 10/15/09.
17. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female claims adjuster whose date of injury is xx/xx/xx. She was getting out of a vehicle on the passenger side when she stepped on landscaping rock and twisted her knee. Her left knee gave out, and she subsequently developed swelling, discomfort and pain in the knee.

The employee underwent left knee surgery on 08/29/08 with extensive debridement, complete medial meniscectomy with chondroplasty and microfracture of the medial and patellofemoral compartments, and partial lateral meniscectomy.

The employee underwent repeat surgery of the left knee on 05/01/09 with extensive arthroscopic debridement due to arthrofibrosis of the left knee. She participated in postoperative therapy and steroid injections of the left knee.

A progress report dated 09/30/09 noted that the employee had continued to experience knee discomfort with limited range of motion and stiffness. Examination at that time reported the employee to be 5 feet 3 inches tall and 215 pounds. Examination of the left knee noted a large effusion, but it was not tender. She had pain both medial and lateral joint lines. She had a 10 to 12 degree flexion and could further flex to approximately 75 to 80 degrees. X-rays were noted to show complete loss of the medial and lateral joint space with bone-on-bone contact with patellofemoral changes as well.

A preauthorization request for total left knee arthroplasty was reviewed by Dr.on 11/03/09, and was not recommended as medically necessary. Dr. reported that there was objective clinical evidence of arthrofibrosis of the left knee which impeded the employee's function, but there was no mention of the employee's weight or BMI. Without information of the employee's height and weight, medical necessity cannot be established at this time.

The employee was seen in follow-up on 11/19/09 and was noted to need a knee replacement because of posttraumatic arthritic changes. The employee's BMI was reported as 38.6.

An appeal request was reviewed on 11/13/09, and the request for total left knee arthroplasty was not recommended as medically necessary, noting that the employee's current BMI is calculated at 38.1 which exceeded ***Official Disability Guidelines***.

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

Medical necessity is not established for the proposed total left knee arthroplasty with three day inpatient stay. The employee has a history of two previous left knee surgeries but remains symptomatic with limited range of motion and knee discomfort. She was noted to have radiographic evidence of arthrofibrosis and complete loss of the medial and lateral joint space with bone-on-bone contact with patellofemoral changes as well. The employee has had steroid injections and postoperative therapy without significant improvement. As noted by the previous reviewer, the employee's BMI exceeds ***Official Disability Guidelines*** for total knee arthroplasty. Medical necessity is not established and previous denials should be upheld.

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

Official Disability Guidelines, Work Loss Data Institute, Online edition.
Knee joint replacement
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. AND (Visco supplementation injections OR Steroid injection). PLUS
2. Subjective Clinical Findings: Limited range of motion. AND Nighttime joint pain. AND 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.
(Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)