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DATE OF REVIEW: MAY 6, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee arthroplasty LOS x 3 days

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

Fellow American Academy of Orthopaedic Surgeons

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 the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (03/16/09 – 04/08/09)
- Office notes (06/26/08 - 03/25/09)
- Diagnostics (05/27/08, 09/19/08)
- Surgery Note (07/21/08)
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- Surgery Note (07/21/08)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient tripped over the ladder and developed knee and wrist pain.

2008: Magnetic resonance imaging (MRI) of the right knee was obtained for knee injury and pain. This revealed subchondral edema in the medial plateau, most likely degenerative; mild patellofemoral chondromalacia; medial collateral

ligament (MCL) tear; and tear of the posterior horns of both menisci with extension to the body and inferior articular surfaces. MRI of the left knee revealed: (1) Tears in the posterior horns of both menisci with extension into the body of lateral meniscus and to both superior and inferior articular surfaces and the medial meniscus. Tear of the anterior horn of the lateral meniscus with extension to the superior articular surface. (2) Subchondral degenerative edema in medial and lateral tibial plateaus. (3) Small joint effusion with patellofemoral chondromalacia. MRI of the left wrist was performed for left wrist injury; this revealed bone marrow edema in the scaphoid bone with subchondral edema in the radius suggestive of an impaction-type injury.

M.D., evaluated the patient for persistent pain and discomfort in her knees. Examination revealed palpable tenderness across the anterior aspect of the knees, positive McMurray's both medially and laterally especially on the right. Dr. assessed knee pain with meniscus injury, bilateral knees and recommended diagnostic arthroscopies of bilateral knees.

On July 21, 2008, Dr. performed left diagnostic arthroscopy and intraoperatively noted evidence of complex posterior horn of medial meniscus tear on the left knee and performed arthroscopic partial medial meniscectomy. On the right knee, he noted evidence of tear of the mediolateral menisci, and arthroscopic partial medial meniscectomy was performed.

Postoperatively, Dr. recommended physical therapy (PT) and continuation of medications.

On September 19, 2008, MRI of the knees was performed for complaints of pain throughout the bilateral knees. MRI of the right knee revealed: (1) Moderate joint effusion with a large Baker's cyst. (2) Meniscal tears. (3) Subchondral edema in the lateral tibial plateau. (4) MCL tear. (5) Mild patellofemoral chondromalacia. MRI of the left knee revealed: (1) Tricompartmental degenerative changes with patellofemoral chondromalacia. (2) Chronic meniscal tears. (3) Moderate joint effusion with a small Baker's cyst. (4) Tear of MCL with fluid adjacent to the ligament. (5) Subchondral edema in the medial and lateral tibial plateaus and medial femoral condyles. Dr. reviewed the MRI findings and noted no evidence of recurrent tear. He felt the patient was significantly deconditioned and hence recommended work conditioning program (WCP). He later prescribed Lortab and Medrol Dosepak. In December, the patient reported no pain, was able to squat, do full range of motion (ROM). Dr. released her to full duty without restrictions.

2009: In January, the patient reported persistent pain medially and across the anterior medial aspect of both knees. Examination revealed crepitus with ROM and tenderness along these areas. X-rays revealed loss of medial cartilage spaces bilaterally. Dr. assessed posttraumatic cartilage loss of both knees resulting in arthritic knee and recommended bilateral total knee replacements.

On March 16, 2009, utilization review was performed and it was noted the patient had undergone 12 sessions of PT, 10 sessions of WCP. X-rays performed on

March 5, 2009, revealed bone-on-bone findings. The request for right total knee replacement was denied with the following rationale: *“there is no reference to height or weight to allow for calculation of a body mass index. It would also appear that recent radiographic observations are not well supported by the MRI studies of September, 2008, or the operative findings of July, 2008. These discrepancies would need to be reconciled and the patient’s body mass index determined prior to recommendation of total knee arthroplasty. It would also be helpful to clarify conservative measures to see whether or not injections of anti-inflammatories or viscosupplementation have been offered to this patient.”*

On March 25, 2009, Dr. noted the weightbearing films revealed less than 1 mm articular space left on the medial side of the compartment. He noted the patient’s height to be 5’6” and weight to be 159 pounds with a BMI of 25.7. He also noted the patient had been treated with arthroscopic surgery as well as intra-articular steroid injections, PT, extensive anti-inflammatory medication and felt the only definitive treatment was total knee replacement.

On April 8, 2009, the reconsideration review was performed and the request for right total knee replacement was denied with the following rationale: *“Under current guidelines if only one compartment is involved the claimant should undergo partial knee replacement”.*

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

BASED ON REVIEWING THE AVAILABLE DOCUMENTATION, THE PATIENT’S IMAGING STUDIES DO NOT CORROLATE WITH THE PRE-OPERATIVE X-RAYS, FINDINGS OF ARTHROSCOPY AS WELL AS POST OPERATIVE MRI SCAN. NEW X-RAYS NOTE THAT THE PATIENT NOW HAS SIGNIFICANT NARROWING OF THE MEDIAL COMPARTMENT DESPITE HAVING NORMAL ARTICULAR CARTILEGE AT THE TIME OF ARTHROSCOPY. THE DOCTOR ALSO STATES IN HIS LAST NOTE THAT THE PATIENT HAS FAILED NON OPERATIVE TREATMENT INCLUDING MEDICATIONS AND INJECTIONS. THERE IS NO DOCUMENTATION FROM HIS CLINICAL NOTES THAT THIS PATIENT HAS RECEIVED ANTI-INFLAMMATORY MEDICATION OR INTRAARTICULAR INJECTION.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**