



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

DATE OF REVIEW: September 30, 2009

IRO Case #:

Description of the services in dispute:

Preauthorization – Inpatient hospital admission (3 days) for left knee uniconylar replacement (CPT #27446).

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

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

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 Inpatient hospital admission (3 days) for left knee unicondylar replacement (CPT #27446).

Information provided to the IRO for review

Records Received From The State

Confirmation of receipt of a request for review by an independent review organization, 9/14/09, 6 pages

Fax 9/16/09, 1 page

Notice of assignment of independent review organization, 9/16/09, 1 page

Initial preauthorization denial coversheet, undated, 1 page

Notice of assignment of independent review organization, 9/16/09, 1 page
Adverse determination of preauthorization request, 8/11/09, 1 page
Preauthorization review summary, 8/14/09, 2 pages
Preauthorization denial on reconsideration coversheet, undated, 1 page
Adverse determination of preauthorization request, 8/14/09, 2 pages
Letter from MD, 8/25/09, 3 pages
Injured employee's request for IRO coversheet, undated, 1 page
Request for a review by an independent review organization, 9/14/09, 7 pages
Notification of request for designated doctor evaluation, 9/9/08, 1 page
Functional capacity evaluation, 9/25/08, 5 pages
Functional abilities evaluation, 9/25/08, 13 pages
pain questionnaire, 9/25/08, 5 pages
Therapy not, 4/16/09–5/18/09, 12 pages
Copy of drivers license, undated, 1 page
Exercise chart, 4/16/09–5/18/09, 2 pages
Therapy notes, undated, 5 pages

Records Received

Notice of disputed issue and refusal to pay benefits, 8/12/09, 1 page
Notice of disputed issue and refusal to pay benefits, 8/18/09, 1 page
Notice of disputed issue and refusal to pay benefits, 6/16/09, 1 page
Decision and order, 4/16/08, 4 pages
Notice to utilization review agent of assignment of independent review organization, 9/16/09, 1 page
List of health care providers, undated, 1 page
Adverse determination of preauthorization request, 8/14/09, 5 pages
Adverse determination of preauthorization request, 8/14/09, 5 pages
Pre-cert/authorization request, 8/11/09, 12 pages
Appeal/reconsideration for surgery, 8/17/09, 1 page
Photographs, 6/17/09 and 7/1/09, 2 pages
Peer review, 5/24/09, 15 pages
Patient note, 8/10/09, 1 page
Patient note, 5/6/09, 1 page
Patient note, 3/25/09, 1 page
Operative report, 3/19/09, 1 page
Anesthesia record, 3/19/09, 1 page
Pre-anesthesia record, 3/14/09, 1 page
Patient note, 2/9/09, 2 pages
Interim narrative, 4/8/09, 4 pages

Interim narrative, 5/5/09, 4 pages
Interim narrative, 6/1/09, 2 pages
Interim narrative, 6/29/09, 3 pages
Interim narrative, 8/25/09, 4 pages
Encounter notes, 12/18/07, 2 pages
Encounter notes, 11/8/07, 2 pages
Encounter notes, 9/19/07, 2 pages
Encounter notes, 9/12/07, 2 pages
MR report, 9/14/07, 3 pages
Left knee injection note, 6/24/08, 1 page
Bilateral knee exam note, 6/17/08, 1 page
Report of medical evaluation, 8/3/09, 1 page
Patient report, 7/22/09, 6 pages
Report of medical evaluation, 9/25/08, 1 page
Patient report, 9/25/08, 7 pages
Work status report, 4/25/07, 1 page
Report of medical evaluation, 8/27/07, 1 page
Patient report, 3/25/08, 7 pages
Functional abilities evaluation, 8/27/07, 12 pages
pain questionnaire, 5/25/08 3 pages
label copy, 9/17/09 1 page

Patient clinical history [summary]

The patient is a male xx years status post injury to left knee who is now considered for left knee unicompartmental arthroplasty by Dr. The case has been reviewed and denied twice based on the ODG (Official Disability Guidelines) criteria. The patient's medical course to date has been extensively documented and includes physical therapy, injection, medications, and prior surgery for medial meniscal tear and chondroplasty. The patient is noted to be approximately 5 feet 2 inches tall and weigh between 292 and 320 pounds (BMI (body mass index) up to 58.5).

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

The unicondylar knee replacement with three-day inpatient hospital admission is not medically necessary, based on clear objective criteria supplied by ODG. The patient is morbidly obese, and is far above the maximum recommended BMI for partial or total knee arthroplasty.

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

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)

ODG, Knee and Leg, Knee joint replacement