

Notice of Independent Review Decision

DATE OF REVIEW:

03/23/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Inpatient left total knee arthroplasty with computer navigation.

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

Board Certified Orthopaedic Surgeon

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.

The medical necessity of the requested left total knee arthroplasty with computer navigation is not substantiated.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 03/11/10 letter from RN, with attached response regarding disputed services
- 03/08/10 MCMC Referral
- 03/08/10 Notice to MCMC, LLC of Case Assignment, DWC
- 03/05/10 Confirmation of Receipt of a Request For a Review, DWC
- 03/04/10 Request For A Review By An Independent Review Organization
- 02/09/10 report from LVN,
- 01/19/10 report from LVN,
- 01/12/10 office notes, DO
- 11/18/09 MRI left knee, Imaging
- 11/18/09 MRI lower extremity joint, Imaging
- 04/17/09, 08/14/09, 11/06/09, 11/23/09, 01/22/10 Follow-up Consultation and Examination, M.D., Spine Institute
- 04/09/09 office note, , PA-C, and DO
- Official Disability Guidelines – ODG Integrated Treatment/Disability Duration Guidelines for Knee & Leg (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who sustained a crush injury to the both knees on when a beam fell on him. He underwent left knee arthroscopy with partial medial and lateral meniscectomy, tibial and patellofemoral chondroplasty, and partial synovectomy on 11/09/2007. He was subsequently treated with three series of viscosupplementation injections (two Euflexxa and one Synvisc) with relief following the first series only and with corticosteroid injections. The physical exam is significant for moderate effusion; tenderness to palpation at the medial joint line, range of motion is 90 degrees, and positive McMurray's test. Radiographs demonstrate advanced degenerative changes of the medial and patellofemoral compartments.

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

Official Disability Guideline indications for surgery are noted below. The injured individual has failed conservative care to include viscosupplementation and steroid injections. He has subjective clinical findings of limited range of motion and lack of pain relief with conservative care. Objective clinical findings included age over 50 and a documented BMI of 31.9. However, the injured individual does not have documented clinical findings of osteoarthritis on standing x-ray or arthroscopy. The injured individual has had arthroscopy, but the findings are not attached. Therefore, the injured individual does not meet all Official Disability Guideline criteria for total knee arthroplasty, and therefore the medical necessity of the requested procedure is not substantiated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES****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.