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Notice of Independent Review Decision

DATE OF REVIEW: August 2, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total knee arthroplasty versus right medial unilateral arthroplasty

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:

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

M.D.

- Office visits (04/20/10)
- Diagnostic study (05/21/10)
- Utilization Reviews (07/15/10)
- Facsimile Cover Sheet (07/19/10)

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- Office visits (09/03/08 - 04/20/10)
- Therapy (09/09/08)
- Diagnostic study (10/03/08)
- Pre-authorization Requests (11/19/08, 05/18/09, 09/10/09)
- FCE (08/07/09)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx, when he slipped and fell from the step of a truck that was 1-3 ft off the ground and injured his right wrist and right knee.

The patient was initially treated at Medical Center (CMC) for right knee sprain and right wrist sprain. He was treated conservatively by, D.O., and,

D.C., with a knee brace, medications (Aleve, Tylenol, Naprosyn, Ultram, and Vicodin), physical therapy (PT), chiropractic treatment and modified activities.

Magnetic resonance imaging (MRI) of the right knee showed: (1) Distal quadriceps and proximal patellar tendinopathy, mild prepatellar soft tissue swelling and edema and a small joint effusion. (2) A small 2-3 mm lateral femoral condylar cartilage defect with a larger defect along the medial femoral condyle probably representing osteochondral injuries-cartilage injury. (3) A small approximately 2 x 1 cm popliteal cyst extending between the semimembranosus and gastrocnemius tendinosis. (4) Some minimal posterior projecting patellar bony osteophytes. MR artifact just anterior to the patella in the prepatellar soft tissues, possibly from a clip, or other surgical device or possible a foreign body, seen in a slight lateral location.

The patient underwent right knee arthroscopic meniscal repair on April 27, 2009. Postoperatively, he attended two months of PT and pool therapy.

In a functional capacity evaluation (FCE), he qualified at a light-to-medium physical demand level (PDL). In a psychological evaluation, he was diagnosed with adjustment disorder with mixed anxiety and depressed mood. The patient then attended a course of work hardening program (WHP).

In September 2009, the patient presented to D.O., for persistent right knee pain, swelling, clicking and locking, unchanged with nonsteroidal anti-inflammatory drugs (NSAIDs). He walked with an antalgic gait. Examination revealed knee effusion, decreased passive range of motion (ROM) due to end range pain and pain with varus and valgus stress and Lachman's test. McMurray's test was positive and there was tenderness along the medial joint line with minimal crepitus. Dr. suspected osteoarthritis of the right knee and treated him with hydrocodone, Lidoderm patches, Celebrex, a neoprene sleeve brace and a corticosteroid injection. A repeat MRI showed prominent chondromalacia of the medial femoral condyle with cartilage irregularity and thinning, subchondral bone edema, postsurgical changes of the posterior horn of the medial meniscus and truncation of the lateral meniscus. Dr. administered Synvisc injections and provided a knee brace.

On April 20, 2010, , M.D., evaluated the patient for persistent right knee pain in the anterior and posterior regions, worse with weightbearing and associated with swelling, stiffness, intermittent locking, catching and grating sensation. Anterior, anteromedial and medial aspects of the knee were tender and pain was elicited at the extreme limits of ROM. X-rays showed narrowing of the knee joint space. Dr. diagnosed osteoarthritis of the knee – primarily medial compartmental and recommended weightbearing as tolerated and combined knee arthroplasty of condyle and plateau medial compartment and total knee arthroplasty.

On May 21, 2010, computerized tomography (CT) of the right lower extremity revealed a few small herniation pits in the femoral head/neck junction. In the knee there was a small joint effusion, mild tricompartmental osteophyte formation, greatest in the medial compartment where there was a greater amount of osteophyte formation.

According to initial utilization review dated July 1, 2010, the request for total knee arthroplasty versus right medial unilateral knee arthroplasty was denied with the following rationale: *“As per the guidelines, the patient should be over the age of 50 years old to fulfill guidelines associated criteria. This is not the case for this claimant at this time. The claimant’s BMI is unknown. An unloader knee brace has not been adequately documented to have been tried and failed. A partial or even total replacement may be appropriate in the future for the patient (depending on future op. pathology noted). However, given the patient’s age and unknown BMI, this surgical procedure would not fulfill criteria at this time.”*

On July 15, 2010, an appeal for total knee arthroplasty versus right medial unilateral knee arthroplasty was denied with the following rationale: *“Dr. was available to discuss this case. The proposed right knee total knee arthroscopy versus unicompartmental medial knee arthroplasty is medically necessary and appropriate in this case, provided the claimant’s BMI is less than 35; however that information was not provided. Dr. currently has a CT scan of the claimant’s knee pending to help him decide whether or not a unilateral versus total knee arthroplasty is required. X-rays have demonstrated medial compartment disease. If one looks to the ODG guidelines criteria for knee joint replacement. If only one compartment is affected a unicompartmental replacement is indicated; if two of the three compartments are affected a total joint replacement is indicated. Conservative care consisting of medications, Viscosupplementation injections or corticosteroid injections should have failed. The claimant has undergone Viscosupplementation injections and he has also failed previous arthroscopy. There should be subjective clinical findings or limited ROM or nighttime joint pain or no pain relief with conservative care. If the claimant has had no pain relief with conservative care, there should be objective clinical findings of age greater than fifty years, the claimant just turned and a BMI of less than 35. Dr. does not know the claimant’s BMI, nor the claimant’s height and weight. However, he does not feel the claimant is morbidly obese. Lastly there should be imaging clinical findings of osteoarthritis on standing x-rays or arthroscopy. X-rays obtained in Dr. ‘s office have demonstrated medial compartment disease. Provided the claimant’s BMI is less than 35 he would meet all ODG indications for surgery; therefore, right total knee arthroplasty versus right medial unilateral knee arthroplasty is medically necessary and appropriate provided the claimant’s BMI is less than 35, but without this information, this review has to be non- certified.”*

Per facsimile cover sheet dated July 19, 2010, patient’s weight is 238 lbs, height is 6’0” and BMI is 32.3.

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

THE ODG CRITERIA HAS BEEN USED. THE PATIENT NOW HAS HAD NON-OPERATIVE TREATMENT OF STEROID INJECTIONS AS WELL AS VISCOSUPPLEMENTATION INJECTIONS. THE PATIENT HAS SYMPTOMS OF DEGENERATIVE ARTHRITIS AND RADIOGRAPHS CONFIRM MEDIAL JOINT SPACE NARROWING. THE PATIENT HAS A BMI OF 32.3 WHICH IS LESS THAN 35. ACCORDING TO ODG GUIDELINES, THE PATIENT IS NOW A CANDIDATE FOR A RIGHT TOTAL KNEE REPLACEMENT VERSUS

MEDIAL COMPARTMENT ARTHROPLASTY DEPENDING ON THE STATUS OF THE JOINT AT THE TIME OF ARTHROTOMY OR SURGERY.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES