

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** August 5, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right total knee arthroplasty with a 3-day inpatient hospital stay

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

Certified, American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office visits (09/23/99 – 04/29/10)
- Utilization review (06/15/10 – 07/19/10)

**Dr.**

- Office visits (09/21/99 – 04/29/10)

**TDI**

- Cover pages

**ODG has been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained injury to his right knee on xx/xx/xx. However, the exact mechanism of injury is not available.

**1999 – 2009:** In September 1999, , M.D., saw the patient for giving way with pivoting on the knee while weightbearing and inability to work. The patient had medial compartment arthritis of the right knee and was status post four arthroscopic surgeries on the right knee from 1990 through 1999 and was noted to have grade IV chondromalacia of the medial femoral condyle and grade III chondromalacia of the patellofemoral joint. He also had partial lateral meniscectomy and lateral femoral chondroplasty as well as chondroplasty of the

patellofemoral joint. The mechanical axis was found to have deviated 17 mm medially as compared to the left knee. Examination revealed genu varum deformity on the right knee with well-healed arthroscopic portals, significant quadriceps atrophy, thickening of synovium, pseudo laxity of the medial collateral ligament (MCL) and medial joint line tenderness with mild lateral joint line tenderness. X-rays showed 2 mm of narrowing of the medial cartilage space on standing AP view and long legged alignment x-rays revealed grade I –II medial shift of the mechanical axis of the right knee. Dr. prescribed Celebrex and in November, performed high tibial osteotomy. The patient did well overall.

In January 2000, x-rays revealed some consolidation of the anterior portion on the lateral view and very little consolidation or callus formation on the AP view. Dr. provided a bone growth stimulator and noted significant improvement in the level of pain.

In March 2000, Dr. released the patient to full duty work. In August 2001, the patient complained of pain while descending stairs. Dr. gave trial of glucosamine with chondroitin sulfate and prescribed Darvocet.

In 2002, the patient complained of throbbing pain over the anterior joint line and along the distribution of the plate. X-rays revealed small osteophytes at the site of the osteotomy and the anterior tibia. Dr. discussed possibility of removal of the plate and anterior osteophyte with debridement of the joint and visco supplementation.

In 2003, the patient complained of painful right knee at the medial joint line. Dr. discussed possibility of hardware removal with consideration of unicompartmental versus total knee arthroplasty. He opined the patient was a candidate for visco supplementation.

In 2004, the patient complained of slight worsening of the knee pain. Dr. on x-rays noted no significant progression of the arthritis and recommended follow-up on yearly basis for surveillance.

In October 2005, the patient stepped into a hole and complained of painful right knee. X-rays in August 2006 revealed 50% loss of medial cartilage space and 30-40% loss of patellofemoral cartilage space.

In 2007, Dr. noted moderate startup difficulty with 60-70% loss of medial cartilage space on x-rays. He gave a trial of Ultracet and recommended follow-up in six months.

In October 2008, the patient reported increased medial-sided knee pain. X-rays revealed 70% narrowing of the medial cartilage space with preservation of lateral cartilage space and slight narrowing of the patellofemoral cartilage space.

On October 15, 2009, the patient complained of significantly increased knee pain at the lateral joint line. Examination revealed moderate startup difficulty, antalgic gait on the right and tenderness in the lateral joint line. Dr. opined the patient would be a candidate for conversion to a total knee arthroplasty when symptoms warrant. He recommended evaluation by a knee arthroscopist for possible visco supplementation or arthroscopy.

On follow-up dated April 29, 2010, Dr. noted worsening of knee symptoms and limited activities. X-rays revealed medial compartment arthritis of the right knee with retained lateral plate. Weightbearing x-rays revealed significant loss of medial cartilage space up to approximately 50%. He opined the patient was a candidate for right total knee arthroplasty and recommended minimal hardware removal of only the screws that needed to be removed to the complete arthroplasty. The diagnosis was degenerative joint disease (DJD) of the right knee.

Per utilization review dated June 15, 2010, the request for right knee arthroplasty with three days inpatient hospital stay was denied with following rationale: *“In the only discernible clinical record from the requesting physician (note of April 29, 2010), the data does not fulfill the Official Disability Guidelines (ODG)/treatment in worker’s compensation (evidence-based protocols) criteria for total knee arthroplasty as follows: ODG indications for surgery knee arthroplasty: Criteria for knee joint replacement (If only one compartment is affected, a unicompartmental or partial replacement may be considered. If two of the three compartments are affected, a total joint replacement is indicated): (1) Conservative care: Medications, and Visco supplementation injections or steroid injections. PLUS (2) Suggestive clinical findings: Limited range of motion (ROM) and night time 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-rays or arthroscopy (Washington, 2003) (Sheng 2004) (Saleh 2002) (Callahan 1995).”*

Per preauthorization request dated July 19, 2010, the request for right total knee arthroplasty with three day inpatient hospital stay was withdrawn.

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

The claimant appears to meet all ODG criteria for TKA, except for documentation of conservative management that includes recent failure of steroid injections or viscosupplement injections. Until this documentation is provided, the ODG criteria for TKA have not been fulfilled.

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**