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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee unicompartmental knee replacement with a three-day length of stay

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

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Dr. 05/22/07, 05/30/07, 06/05/07, 06/12/07, 06/26/07, 10/25/07, 12/20/07

Dr. 07/02/07, 09/06/07, 09/21/07, 11/19/07, 12/04/07, 01/08/08, 02/12/08, 02/18/08, 02/25/08, 04/21/08, 04/21/08, 1/28/08, 10/22/07, 7/31/07, 7/7/07, 11/21/06, 7/17/06, 5/2/06

MRI 06/08/07, 01/18/08

OR 08/30/07

Dr. 09/05/08, 11/03/08, 10/10/08

Dr. 04/09/10, 04/23/10, 05/28/10, 06/15/10

Services 06/23/10, 06/07/10

Exhibit A, B, C, D, E, F

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured on xx/xx/xx when she stepped off the front of a truck and felt pain right leg. A 06/08/07 MRI of the right knee showed the ligaments were intact. There was a tear of the medial meniscus and a small effusion. She had high-grade chondromalacia of the patella with widespread full or partial thickness cartilage loss, cystic changes and focal marrow edema and minimal osteophytes. There was a subchondral cyst of the lateral tibial plateau and a popliteal cyst. On 08/30/07, the claimant had a right knee arthroscopy with partial meniscectomy, chondroplasty and microfracture of the medial femoral condyle, chondroplasty of the patella and synovectomy. There was a troughed lesion of the medial femoral condyle into the subchondral bone. Meniscal tissue was trimmed to leave 1-2mm of tissue at the posterior portion and the rim was trimmed back to the capsule. Grade II chondromalacia of the patella in the trochlea was noted. Postoperatively, the claimant had complaints of persistent right knee pain.

A 01/18/08 MRI of the right knee showed normal ligaments. There was no recurrent tear of the medial meniscus. The articular cartilage was thinned in the medial joint with marrow edema along the central weight-bearing surface that was new. There were marginal osteophytes of the medial and lateral compartments. Patellar cartilage was moderately thinned at grade III - IV chondromalacia with patellar tilt and subluxation. The popliteal cyst was larger than before. The claimant was treated with Synvisc and steroid injections in 2008

without apparent improvement.

On 04/09/10, Dr. evaluated the claimant. He noted that she had last been seen in 2009 and told she needed a total knee. He also noted that she had put on a lot of weight and that she had constant knee pain. The examination showed there was full right knee flexion and extension, mild effusion, tenderness of the medial joint line and patellar facet and crepitus. Weight bearing x-rays of both knees showed collapse of the medial compartment of the right knee, osteophytes of the medial joint line and early arthritis of the patella. The right knee was injected with temporary improvement in pain. By 05/28/10, Dr. noted the claimant was tearful with pain. There was tenderness of the medial joint line and lateral joint line. She had full motion with pain with weight bearing. X-rays showed complete collapse medial joint with varus stress. A unicompartment knee arthroplasty was requested. This was denied on 2 occasions.

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

There was a peer review previously, which showed the body mass index of the claimant as 42.5 with a weight of 271. Dr. authored a letter on 06/15/10 in which he felt the claimant had bone-on-bone arthritis and horrible pain. He did not feel the body mass index was in and of itself a predictor of outcome. Based on evidence-based medicine and Official Disability Guidelines, the claimant would not meet medical necessity for revision of knee joint (27446). The claimant appears to be over the age of 50 with significant arthritis in the medial compartment of the right knee, and has failed conservative care in the form of arthroscopy, injection therapy, cortisone, viscosupplementation, and anti-inflammatory medication.

It is not clear from the records that were reviewed if there has been any meaningful attempt at weight loss to get the claimant's body mass index below or to approach a body mass index of 35 to decrease the risk associated with the planned surgical procedure. There is no documentation in the recent records that the claimant has meaningful restriction in range of motion or night pain. Based on the above, the claimant would not satisfy the Official Disability Guideline criteria for joint surgery. The reviewer finds that medical necessity does not exist at this time for Right knee unicompartmental knee replacement with a three-day length of stay.

Official Disability Guidelines 2010. 15th Edition, Knee-Knee Joint Replacement

ODG Indications for Surgery -- Knee arthroplasty

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. 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, where increased BMI poses elevated risks for post-op complications. PLUS
4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy

Unicompartmental knee replacement is effective among patients with knee OA restricted to a single compartment

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

[] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**