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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 15, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L total knee arthroplasty, LOS x3 days

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

This physician is a Board Certified Orthopedic Surgeon with 42 years of experience.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On March 3, 2010, the claimant was evaluated by M.D., an orthopedic surgeon. He has complaints of pain in his left knee. He has some grade II effusion, tenderness over the medial joint line and a positive McMurray's.

On March 4, 2010, an MRI of the left knee was performed. Impression: 1. Appearance of the medial meniscus is compatible with complex tear, with radial component of the tear of the posterior horn at and adjacent to the root attachement. Grade IV medial joint compartment chondromalacia. Patient denies history of previous right knee surgery. 2. Degenerative fraying of the lateral meniscus and suspected free edge tear of the body and posterior horn. Small focus of grade III chondromalacia at the junction of the mid and posterior third of the lateral tibial plateau. No additional high-grade lateral joint compartment chondromalacia. 3. Grade II trochlear groove chondromalacia. Grade III apical and lateral facet chondromalacia patella. Mild suprapatellar effusion with non specific synovitis. 4. Suspect remote high grade partial tear/myotendinous strain of the popliteus with decreased signal involving with myotendinous junction and thickening of the tendon, likely on the basis of a thickened fibrous cord. 5. Myxomatous degeneration of the anterior cruciate ligament. Ligaments are otherwise intact. There is no evidence of stress or insufficiency fracture. Tricompartmental marginal spurs as interpreted by M.D.

On March 25, 2010, the claimant underwent surgical intervention of the left knee as performed by M.D. Procedures: 1. Arthroscopic partial medial and lateral meniscectomy. 2. Abrasion arthroplasty left knee.

On April 14, 2010, the claimant was re-evaluated by M.D. He continues to see improvement and will continue with physical therapy.

On May 26, 2010, the claimant was re-evaluated by M.D. He continues to have flare-ups. He needs additional physical therapy, as he has been slow to progress with this.

On June 7, 2010, the claimant was re-evaluated by M.D. He has a great deal of pain and tenderness in his left knee. Dr. injected his knee with 2 cc of Kenalog and 1 cc of Marcaine.

On June 17, 2010, an MRI of the left knee was performed. Impression: 1. Partial medial meniscectomy without convincing imaging evidence of remnant retear. Grade IV medial joint compartment chondromalacia with worsening of chondromalacia in the anterior aspect of the medial joint compartment. Worsening of subchondral marrow signal hyperintensity of the mid third of the medial plateau and the anterior and posterior third of the medial femoral condyle since the prior study, likely due to osteoarthritis and high grade chondromalacia. No stress or insufficiency fracture. 2. No articular surface reaching lateral meniscal tear or high grade lateral joint compartment chondromalacia. 3. Increase in the size of the joint effusion with development of nodular foci of

intermediate to decreased signal within the medial recess of the suprapatellar pouch and the medial retro-condylar recess, likely on the basis of small chondral fragments. 4. No acute or subacute ligamentous derangement. Mild myxomatous degeneration of the anterior cruciate ligament. 5. Stable appearance of patellofemoral joint compartment chondromalacia compared to the previous study as interpreted by M.D.

On June 17, 2010, the claimant was re-evaluated by M.D. The cortisone injection, and anti-inflammatories have not helped him. Dr. recommended a total knee replacement.
On July 20, 2010, the claimant was evaluated by M.D. The pain is intermittent, no pain at rest, pain with walking and standing for a long period of time. He has had moderate relief with Hydrocodone, and no relief with cortisone injection. Physical therapy made his pain worse. Dr. recommended a Total Knee Arthroscopy. Vital Signs: Height: 75 inches and Weight: 330 lbs.

On August 11, 2010, the claimant was re-evaluated by M.D. The claimant is almost completely disables and desires a knee replacement so he can get back to work.

On September 9, 2010, M.D., an orthopedic surgeon, performed a utilization review on the claimant. Rational for Denial: There was no documentation of physical examination showing limited ROM and his current weight/BMI. There was also, no documentation of the arthroscopic report showing the extent of surgical intervention done. Therefore, it is not certified.

On September 30, 2010, M.D., an orthopedist, performed a utilization review on the claimant Rational for Denial: The patient's BMI was not report. He is xx years of age. The patient does appear to be heading for a total knee arthroplasty but further records are needed. The carrier will need to address the advanced chondrosis issues, which is now the basis for the performance of the total knee arthroplasty. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On the claimant sustained an injury to the left knee when carrying a 150 brake drum and fell landing on his left knee.

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

The previous decisions are upheld due to the claimant's BMI and age. Per the vital signs from Dr. July 20, 2010 report the claimant's BMI is 41.2 which is well over the recommended BMI of less than 35. It had been reported that males

under the age of 55 who are overweight have the highest complication rate for total knee arthroplasty including failure of the prosthesis and continued pain.

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.
(Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)

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

- ☐ **ACOEM- AMERICAN 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)**