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Notice of Independent Review Decision

DATE OF REVIEW: September 29, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right total knee arthroplasty

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

- Diagnostics (10/15/96 – 11/27/06)
- Office visits (10/17/96 – 08/18/10)
- Operative notes (10/10/97 – 03/02/07)
- Utilization reviews (08/27/10 – 09/08/10)

TDI

- Utilization reviews (08/27/10 – 09/08/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who suffered a work-related injury on xx/xx/xx, when she slipped on a tile floor and sustained a direct blow to the proximal tibia with the right knee flexed.

1996 – 1997: In 1996, magnetic resonance imaging (MRI) of the right knee showed chronic-type tear of the posterior cruciate ligament (PCL), abnormal intersubstance signal in both menisci more medially and especially posteriorly without evidence of a definite tear and small to modest joint effusion.

The patient was then evaluated by M.D., for right knee pain and swelling. Examination revealed mildly tender patellar tendon and proximal lateral tibia and 1 to 2+ posterior drawers with endpoint and major rotatory component. X-rays showed a little spurring of the patellofemoral joint. Dr. assessed isolated subacute posterior cruciate ligament (PCL) injury of the right knee, prescribed

Advil or Aleve and started a quadriceps rehab program. In March 1997, the patient complained of medial pain with a positive Lachman's. Dr. obtained a bone scan that showed increased uptake of the knee and distal femur.

In September 1997, the patient reported inability to participate in aerobics and other weight reduction classes. She had a 1+ posterior drawer.

On October 10, 1997, Dr. performed right knee diagnostic and operative arthroscopy, major chondroplasty of the medial femoral condyle, major chondroplasty of trochlea and associated patellar lesion, partial synovectomy and flat pad excision with cauterization. Postoperatively, the patient did well and was recommended follow-up on as needed basis.

1998 – 2005: No records are available.

2006 – 2007: In November 2006, Dr. saw the patient for recurrent medial peripatellar pain, more at the medial joint line and causing the knee to give way on several occasions. She also reported clicks and pops with worsening pain. Examination revealed medial joint line tenderness with patellofemoral tenderness and crepitation. Weightbearing x-rays revealed superior greater than inferior patellofemoral spurring on the lateral with some bony changes at the trochlea. Dr. assessed right knee recurrent patellofemoral condylar injury versus new onset medial meniscus tear.

MRI of the right knee was obtained and showed possible small tear of the posterior horn of the medial and lateral meniscus, very mild periligamentous inflammation of the medial collateral ligament, patellofemoral arthritis and small joint effusion.

On March 2, 2007, Dr. performed examination under anesthesia of the right knee, diagnostic and operative arthroscopy with three-compartment arthrofibrosis synovectomy; arthroscopic partial medial meniscotomy and major chondroplasty of patella and trochlea. Postoperatively, the patient attended two sessions of pool therapy and had worsening of symptoms. Dr. treated the patient with a series of five Supartz injections.

2008 – 2009: No records available.
2010: In March, Dr. noted a lot of crepitation due to eburnated medial compartment. There was no great response to the Supartz injections. Dr. administered steroid injection that resulted in some improvement.

In June, the patient reported that her right knee was affecting her gait and activities including sleep. Dr. believed she was a candidate for knee arthroplasty and recommended a Synvisc plus steroid shot in the interim.

In August, M.D., reconstruction and joint replacement surgeon, saw the patient for disabling right knee pain. Examination revealed an antalgic gait favoring the right leg and palpable crepitation in the right knee with ROM. The patient's height was 5'6" and weight was 240 lbs. X-rays showed mild degenerative changes in the medial compartment with moderate-to-severe arthritis of the patellofemoral joint. Dr. opined the patient had exhausted all conservative treatment but still had persistent severe pain. He talked to her about

unicompartmental knee replacement but based on her weight she was probably not an ideal candidate for that so the best operation for her would be a total knee replacement (TKR) of the right knee.

Per utilization review dated August 27, 2010, the request for right total knee arthroplasty (TKA) was denied with the following rationale: *"As per medical records, the patient had previous diagnostic and operative arthroscopy with partial medial meniscectomy and examination under anesthesia right knee. In the clinical report dated August 18, 2010, the patient continues to have disabling knee pain and unable to sleep due to pain. On physical examination, she has antalgic gait favoring her right leg with palpable crepitation with ROM that is decreased. Her BMI is 38.7. X-rays shows mild degenerative changes in her medial compartment primarily with moderate-to-severe arthritis of her patellofemoral joint. The patient has had conservative therapy (physical therapy, orthotics, 5 Supartz injections, and medications) with minimal long-term relief. However, the patient's BMI is greater than 35 with no mention of a failed weight loss program. As such, the medical necessity of this requested procedure is not sufficiently substantiated."*

Per utilization review dated September 8, 2010, an appeal for right TKA was denied with the following rationale: *"The patient sustained an injury dated August 21, 1996, and underwent two right knee surgeries dated October 10, 1997, and March 2, 2007. In the clinical notes dated August 18, 2010, the patient complained of right knee pain. The physical examination showed slight antalgic gait favoring her right leg, palpable crepitation with ROM with slight limitation of motion of 5 to 110 degrees. MRI of the right knee dated November 27, 2006, showed a possible small tear of the posterior horn of the medial and lateral meniscus. There is a very mild periligamentous inflammation of the medial collateral ligament (MCL). Patellofemoral arthrosis and small joint effusion were noted. Based on the submitted clinical notes, the BMI of the patient was 38.7, which exceed the recommended BMI of the ODG of 35. In addition, there was no documentation that the patient underwent weight loss program in the submitted clinical notes. The patient underwent conservative treatment such as physical therapy, medications and injections. However, there was no physical therapy progress notes/report to assess the failure of the treatment. The documentation of the adequacy of the given pain medications with increasing dosage and trials of the different pain medications with noted functional response were not provided for review. Furthermore, there was no official report of the radiographs of the right knee in standing position. The necessity of the request was not established."*

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

Upon review of the medical documentation submitted, as well as analysis of the preauthorization reviewers' opinions, the denial of the request for TKA appears to be appropriate based on ODG criteria.

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