SENT VIA EMAIL OR FAX ON
Apr/07/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Right Total Knee Replacement with 3 day LOS

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

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. The records indicate the injured employee sustained a twisting injury to the right knee. The injured employee underwent right knee arthroscopic surgery on 04/01/99. He has a history of previous right knee arthroscopic surgery performed in 1996. The injured employee also has a history of previous left leg surgery with rod and plate insertion in 1986. The injured employee was seen on 12/22/10 by Dr. who did surgery on him in 1999 for partial medial meniscectomy. Dr. noted at that time the injured employee had some cartilage damage as well as meniscal tear. Over the course of the last 11 years the injured employee has developed fairly severe posttraumatic arthritis in the medial compartment and lateral compartment and patellofemoral compartment. The injured employee has been seeing a chiropractor. He has been on intermittent pain medications. He has not had any other conservative management. He does wear a brace. Current medications were listed as none. Physical examination reported the injured employee's weight to be 243 pounds. He ambulates with an obvious limp. Right lower extremity exam reported good hip and ankle range of motion. Examination of the knee noted tenderness over the lateral joint line and parapatellar region with obvious crepitus, zero to trace effusion. There was medial and lateral joint line tenderness. X-rays on this date were noted to show advanced degenerative arthritis with bone on bone wear of the medial compartment and degenerative changes in the patellofemoral and lateral compartments as well. An injection of the left knee was performed on this date and the injured employee was prescribed Naproxen and Norco. The injured employee was seen in follow up by Dr. on 01/26/11. Dr. reported the injured employee has had multiple injections by other physicians, and has had one injection by Dr. X-rays were noted to be consistent with advanced post-traumatic arthritis with bone on bone wear primarily in the medial compartment but also involving the other compartments. The injured employee reported injection a month ago helped for a few weeks but has since worn off. The injured employee requires daily narcotics to function. He is not able to work. The injured employee was recommended to undergo total knee replacement.

A request for inpatient right total knee replacement with three day LOS was reviewed on

02/14/11 by Dr. who determined the request to be non-certified. Dr. noted that the medical record dated 01/26/11 showed persistent right knee pain. Physical examination dated 12/22/10 revealed tenderness over both medial and lateral joint lines and parapatellar region with crepitus. Dr. noted there was no documentation provided with regard to the failure of the injured employee to respond to conservative measure such as evidence based exercise program, steroid injection trial and medications prior to the proposed surgical procedure. No therapy progress reports were submitted objectively documenting the clinical and functional response the injured employee from previously rendered sessions including weight reduction program. Official results of recent right knee x-rays including weight bearing views were not submitted for review. As such the necessity of the request could not be established at this time.

A reconsideration/appeal request was reviewed on 03/01/11 by Dr. who determined the request to be non-certified. Dr. noted that a prior determination resulted in a non-certification for missing criteria that included failure of the injured employee to respond to conservative measures such as evidence based exercise program, steroid injection trial and medications prior to the proposed surgical procedure, and official result of recent right knee x-rays including weight bearing views. There now is documentation of persistent right knee pain and crepitus, multiple injections including the last one performed a month ago which helped for a few weeks, and x-rays identifying advanced degenerative arthritis with bone on bone wear of the medial compartment, degenerative changes in the patellofemoral and lateral compartments as well. In addition there is documentation of weight of 243 pounds, tenderness over the medial joint line, lateral joint line, and parapatellar regions, and conservative treatment including chiropractic manipulation, knee brace, physical therapy. However, Dr. noted there was no clear documentation of limited range of motion, nighttime joint pain, over 50 years of age, body mass index of less than 35, and osteoarthritis of at least one more compartment other than the documented medial compartment.

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

Based on the clinical information provided, the request for inpatient right total knee replacement with 3-day inpatient length of stay is not recommended as medically necessary. The injured employee is noted to have sustained a twisting injury to right knee on xx/xx/xx. He has comorbidity of gouty arthritis. The injured employee has history of previous right knee arthroscopy in 1996. He underwent arthroscopic surgery on 04/01/99 for significant meniscal tear with partial medial meniscectomy. The operative report was not submitted for review. X-rays dated 04/16/10 of the right leg reported the tibia and fibula diaphysis are intact with no evidence of fracture. There is osteoarthrosis of the knee and some arthritic changes at ankle. Clinic note from Dr. on 12/22/10 indicates x-rays on this date showed advanced degenerative arthritis with bone on bone wear of medial compartment as well as degenerative changes of patellofemoral and lateral compartments; however, no radiology report including weight bearing views were submitted for review with objective evidence of pathology described. As such there is no objective evidence of multi-compartment severe osteoarthritis of right knee. The injured employee is noted to have had chiropractic treatment, but there is no comprehensive history of nature and extent of conservative treatment completed to date including physical therapy / home exercise program, viscosupplementation and / or steroid injections. The injured employee did undergo a steroid injection on 12/22/10. The injured employee reportedly has had multiple injections, but the dates of injections and response there to is not documented. The injured employee is only xx years old. Current evidence based guidelines indicate that a patient should be at least 50 years of age prior to consideration of total knee replacement.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES