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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Revision right total knee arthroplasty repair tibial tubercle avulsion fracture

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

MD, 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

Official Disability Guidelines

Utilization review 02/09/11 regarding adverse determination revision right total knee arthroplasty repair tibial tubercle evulsion fracture

Utilization review reconsideration/appeal 02/24/11 regarding adverse determination revision right total knee arthroplasty repair tibial tubercle evulsion fracture

Clinic note/progress record MD 11/02/09 through 01/31/11

Radiology report right knee x-ray three views 01/31/11

Radiology report right knee x-ray four images 12/16/10

Radiology report x-rays right knee four views 11/22/10

Radiology report x-rays right tibia/fibula three views 11/22/10

Radiology report x-rays left knee three views 11/02/09

Radiology report x-rays right knee three views 11/02/09

X-ray right knee 09/05/09

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a XX year-old female whose date of injury is XX/XX/XX. The injured employee underwent right total knee arthroplasty in 04/03. She subsequently sustained a supracondylar fracture of the right distal femur in 11/03 and underwent fixation with a retrograde intermedullary nail, which was placed around a previous knee replacement. It appears the injured employee underwent removal of hardware and revision total knee arthroplasty on the right. The injured employee continued with pain about the right knee. The injured employee was noted to walk with significant type gait and uses a motorized scooter for transport. Quadriceps atrophy was noted on the right thigh with well-healed anterior incision. There was good ligament balance, with passive range of motion 0-110 degrees of flexion. There was normal patellar tracking. There was about a five-degree extensor lag. There was good motion at both hips without pain and negative sciatic nerve

stretch bilaterally at 90 degrees. Clinic note dated 11/22/10 noted that the injured employee says about X weeks ago she was walking at home and heard a pop in her knee. She went to see the emergency room physician and was told she had two broken bones below the knee in the right leg. X-rays on 11/22/10 right tibia/fibula reported total knee replacement device in good position; generalized osteoporosis noted; no fracture found. X-rays of the right knee obtained on the same date showed a total knee replacement with osteoporosis noted no new onset fracture noted through the osteoporotic bone. Radiograph on 12/16/10 reported total knee prosthesis in place in stable position with no radiographic evidence of loosening. Subtle lucency at the proximal tibia immediately anterior to the prosthesis is stable.

An old mildly displaced anterior tibial tuberosity fracture as seen on previous study was noted with the appearance of slightly more superior displacement of bony fragment compared to prior study or due to different technique. The injured employee was seen in follow up on 01/31/11 at which time she was noted to have continued problems with the right knee. She cannot extend it against gravity and is unhappy with malalignment of the lower limb. On examination she had an extensor lag of about 60 degrees, +1 medial pseudolaxity, and does not come to full extension of the knee by about 10 degrees. Radiographs were noted to show the components in a valgus alignment of about 20 degrees. The injured employee was recommended to undergo revision total knee arthroplasty with repair of tibial tubercle evulsion.

A utilization review was performed by Dr. on 02/09/11 regarding request for revision total knee arthroplasty with repair of tibial tubercle evulsion fracture. Dr. determined that the request could not be deemed as medically necessary. He noted there was little clinical evidence that would support the role of a need for revision knee implant. There was nothing to indicate clinical loosening, infection, component failure or instability. Dr. noted while the injured employee also had an evulsion fracture to her tibial tubercle there was no testing available for review other than plain film x-rays to help further understand the true impact of this injury. It was noted that the injured employee continues to show objective signs of weakness, but the lack of any concrete imaging or change in imaging studies cannot necessitate the need for surgery at this time.

A reconsideration request for revision total knee arthroplasty with repair of tibial tubercle evulsion fracture was reviewed by Dr. on 02/24/11. Dr. concluded that the appeal request was not recommended as medically necessary. Dr. noted the records were somewhat confusing. The patient was noted to have sustained a postoperative injury resulting in a supracondylar femur fracture that required fixation with retrograde intramedullary nail. However, it was unclear if the patient had total knee revision at time of hardware removal. The injured employee was seen on 11/22/10 and reported walking at home X weeks prior and heard a pop in her knee. She went to ER and told she had two broken bones below the right knee; however, no radiology reports from ER visit were provided. X-rays performed on 11/22/10 reported total knee replacement device in good position; generalized osteoporosis; no fracture found. X-rays on 12/16/10 reported old mildly displaced anterior tibial tuberosity fracture as seen on previous study with appearance of slightly more superior displacement of bony fragment compared to prior study maybe due to different technique. The most recent radiology report from 01/31/11 reported status post prior right total knee replacement without loosening of hardware, stable from previous study; healing supracondylar fracture of distal right femur, unchanged; small right knee effusion, unchanged. Dr. noted that office notes from 01/31/11 reported x-rays show right knee components in valgus alignment of about 20 degrees, but no radiology report was provided indicating this. As such, medical necessity was not established.

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

Based on the clinical information provided, the reviewer finds that Revision right total knee arthroplasty repair tibial tubercle avulsion fracture is not medically necessary. The patient is noted to have sustained injuries to bilateral knees in XXXX. She underwent right total knee

arthroplasty in 2003. She subsequently sustained a supracondylar femur fracture in 11/03 and underwent fixation with retrograde intramedullary nail. It is unclear whether the patient had revision of total knee arthroplasty at that time. The patient has continued to have difficulties with ambulation, strength and conditioning. She was noted to use a motorized scooter for transport as she walks with significant weakness type gait. On 11/22/10 the patient reported she was walking at home X weeks before and heard a pop in her knee. She stated she went to ER and told she had two broken bones below knee in right leg. No radiology reports were submitted for review from ER visit.

Subsequent radiographs reported no evidence of loosening of the right total knee prosthesis, which was in stable position. There was evidence of old mildly displaced anterior tibial tuberosity fracture, and healing supracondylar fracture of distal right femur. Office note from 01/31/11 reported that x-rays showed the right knee components in valgus alignment of about 20 degrees, but no radiology report indicated such. It does not appear the tibial tubercle avulsion fracture is such that surgical intervention is required. Given the current clinical data, noting the lack of objective evidence of loosening of right knee total arthroplasty components or component failure, infection or instability, the reviewer finds there is no medical necessity for Revision right total knee arthroplasty repair tibial tubercle avulsion fracture.

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)