

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 17, 2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right total knee replacement (27447) 2 day stay inpatient

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

Fellow American Academy of Orthopaedic Surgeons

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**TDI**

- Utilization reviews (06/27/11 – 07/15/11)
- Therapy (07/13/10 – 07/16/10)
- Diagnostics (07/27/10)
- Office visits (10/28/10 – 06/03/11)
- Procedure (10/13/10)
- Utilization reviews (06/27/11 – 07/15/11)

**M.D.**

- Therapy (07/13/10 – 07/16/10)
- Diagnostics (07/27/10)
- Office visits (08/18/10 – 06/03/11)
- Procedure (10/13/10)
- Utilization reviews (06/27/11 – 07/15/11)

ODG has been utilized for the denials.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male employee of xx who injured his right knee on xx/xx/xx, when his knee hit hard against a forklift.

Initially, the patient underwent physical therapy (PT) for right knee contusion consisting of neuromuscular reeducation and therapeutic activities/exercises and was issued a cane.

Magnetic resonance imaging (MRI) of the right knee revealed radially-oriented tear of the posterior horn of the medial meniscus at the posterior meniscal root with mild gap and medial subluxation of the medial meniscus, moderate joint effusion, an 8-cm Baker's cyst with several intrabursal bodies, and osteoarthritic changes with some full-thickness articular cartilage loss and arthritic/stress-related changes of the medial and patellofemoral compartments.

The patient was then referred to M.D., orthopedic surgeon, who noted the following: The patient sustained an injury as he fell landing on his back and hyperflexed his knee. He had a second injury when he struck the edge of the forklift across the medial aspect of the knee. He had onset of pain and swelling as well as some popping over the medial aspect of the knee. He had been on anti-inflammatory medications. Examination revealed significant tenderness over the medial knee, positive McMurray's sign and an antalgic gait. Range of motion (ROM) lacked full extension by 5 degrees and flexion by 130 degrees. Dr. performed a right knee arthroscopy with partial medial meniscectomy, chondroplasty with drilling of large section of medial femoral condyle and over trochlea and ultrasound-guided aspiration of Baker's cyst on October 13, 2010, and treated him postoperative with PT.

In December, Dr. performed a Synvisc injection into the right knee as the patient had marked tenderness in the medial joint, 1+ effusion, and crepitus on ROM over the patellofemoral joint. Dr. assessed that the patient had posterior moderate osteoarthritis and had been unresponsive to arthroscopy and viscosupplementation. The patient continued to have severe pain to the medial and patellofemoral joint and the only treatment option was a right total knee arthroplasty (TKA).

On April 29, 2011, the patient was seen by D.O., who reported that the patient fell off a 12-foot scaffolding onto concrete backwards and had right knee pain since then. A year later, he was actually hit by a forklift on the lateral side and suffered a meniscal tear. The patient had tried to work, but was still having pain due to postoperative traumatic arthritis. Dr. prescribed Nucynta and advised the patient to go back to Norco if this did not help.

On June 22, 2011, the request for right TKA was denied with the following rationale: *"The claimant reportedly has sustained two separate injuries to the knee with the most recent being a contusion or blow by a forklift. The claimant*

*had a knee arthroscopy which was significant for grade 3-4 condyle changes in the medial femoral condyle and the patellar femoral trochlea. I do not see where any other additional weightbearing x-rays have been obtained. The claimant currently has range of motion of the knee ranging from -7 degrees to 120 degrees of flexion. There is tenderness to palpation over the joint line. Physical examination findings are consistent with advanced posttraumatic osteoarthritis; although there are no recent weightbearing x-rays that document this; however, it was documented to have significant changes based on the arthroscopy. There is no documentation documenting complaints at night. The claimant does have relief in symptoms with medication management although does not like the feeling when he takes the medications. Additionally, the claimant's body mass index is not provided to be reviewed. The guidelines would not support proceeding with a total knee replacement surgery with a BMI 35 or greater. Therefore this request is not certified."*

On July 15, 2011, the appeal for right TKA was also denied. Rationale: *"In acknowledgment of a prior determination where there was a non-certification based on missing criteria that included, failure of conservative measures such as evidence-based exercise program and medications prior to the proposed surgical procedure including an objective response from a series of viscosupplementation injection trials, and the official results of the recent right knee MRI and weightbearing x-rays of the right knee. There is now documentation, as per medical report dated June 3, 2011, that the patient has significant posttraumatic osteoarthritis. On physical examination, it is consistent with advanced posttraumatic osteoarthritis with a very painful knee, loss of motion and crepitus. His ROM lacks full extension by about 7 degrees and flexion to 120 degrees, all with pain. The joint line continues to be very tender. Conservative treatment includes viscosupplementation injections, physical therapy, medication, and crutches. Additionally, there is documentation that the patient is 51 years old. The July 27, 2011 MRI of the right knee report revealed radially-oriented tear of the posterior horn of the medial meniscus at the posterior meniscal root with mild gap and medial subluxation of the medial meniscus, moderate joint effusion, an 8-cm Baker's cyst with several intra-bursal bodies, osteoarthritic changes with some full-thickness articular cartilage loss and arthritic/stress-related changes of the medial and patellofemoral compartments. However, there is no documentation of the patient's weight and height to determine BMI. Additionally, there is no clear documentation of nighttime joint pain and no pain relief with conservative care. Therefore, the medical necessity of the request is not substantiated."*

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

ODG GUIDELINES WERE USED FOR THIS DECISION. ALTHOUGH THE PATIENT HAS MET A NUMBER OF CRITERIA FOR PROCEEDING WITH A KNEE ARTHROPLASTY INCLUDING DOCUMENTATION OF NON-OPERATIVE CARE, SUBJECTIVE CLINICAL FINDINGS AND IMAGING STUDIES SHOWING ARTHRITIS ON BOTH X-RAYS AND ARTHROSCOPY THERE IS NO DOCUMENTATION OF THIS PATIENT'S BODY MASS INDEX

TO FULFILL CRITERIA FOR A KNEE ARTHROPLASTY. THE GUIDELINES SUPPORT THAT THE PATIENT SHOULD HAVE A BODY MASS INDEX OF LESS THAN 35. DOCUMENTATION NOW NEEDS TO BE PROVIDED ON THIS PATIENT'S BODY MASS INDEX.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**