

SENT VIA EMAIL OR FAX ON
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Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total Left Knee Replacement

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Utilization review determination 05/03/11 regarding non-certification total left knee surgery
2. Utilization review determination 05/11/11 regarding non-certification appeal request total left knee replacement
3. Office notes Dr. 01/17/11
4. Initial orthopedic consultation and follow-up notes Dr. 03/08/11-04/26/11
5. MRI left knee 01/24/11
6. Physical therapy initial evaluation and progress note 03/14/11 and 04/04/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the patient fell over and injured his left knee. He reported that his right foot got caught in a cord, he tripped and fell striking his left knee on metal bar. The injured employee is noted to have history of previous right knee replacement and previous left knee surgery in xxxx. MRI of the

left knee on 01/24/11 reported tricompartmental osteoarthritis present which is moderate to severe within the medial compartment and more mild to moderate within the lateral patellofemoral compartment. There are findings consistent with bilateral meniscal tears. The anterior cruciate ligament was non-visualized and chronic ACL tear was suspected. A small knee effusion was also noted. Orthopedic reevaluation on 04/26/11 indicated the injured employee had no improvement with physical therapy. He reported no improvement with conservative treatment including analgesics, anti-inflammatories, physical therapy and corticosteroid injection. The injured employee reports he is getting progressively worse and cannot walk without severe pain of left knee. Radiographs were repeated on this date and noted to reveal severe osteoarthritis of left knee joint. Physical examination revealed no motor or sensory deficits. There was no arrhythmia, no adenitis and no adenopathy. There is negative Homan's test. There is no calf tenderness. There is no ligamentous instability. Anterior and posterior drawer tests are negative. Pivot shift is negative. Lachman's test was negative. Varus / valgus at 0 and 30 degrees of flexion are negative for instability. McMurray's test was positive. Apley's test is positive. There is crepitus of the knee. There is joint line tenderness.

A request for total left knee surgery was reviewed on 05/03/11 and determined to be non-certified. It was noted there was no documentation provided in regards to failure of injured employee to respond to conservative measures such as evidence based exercise program and medications prior to proposed surgical procedure with slight relief on previous steroid injection. The patient underwent 4 physical therapy sessions as of 04/04/11, but there were no updated physical therapy progress reports objectively documenting the clinical and functional response of the patient with the previous rendered sessions. It was also noted the injured employee has a BMI greater than 37 and guidelines recommend patients have BMI less than 35 prior to surgery. As such, medical necessity of the request could not be established.

A reconsideration / appeal request for left total knee replacement was reviewed on 05/11/11 and determined to be non-certified. The reviewer noted x-rays dated 04/26/11 showed severe osteoarthritis of the left knee joint; however, there were no weight bearing radiographic images submitted for review. There was no objective documentation the injured employee had undergone and failed home exercise program, corticosteroid injection trial, physical therapy or activity modification as part of preliminary conservative measurements. Also, the injured employee has BMI of 37.6 and exceeds criteria. As such, appropriateness and medical necessity of the requested procedure is not sufficiently substantiated.

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

Based on the clinical information provided, the proposed total left knee replacement is not indicated as medically necessary. The injured employee is noted to have sustained an injury to left knee on xx/xx/xx. Documentation presented indicated the injured employee participated in 4 visits of therapy. Additional therapy was requested, but the records do not reflect if the patient indeed participated in additional therapy. It appears the injured employee did have corticosteroid injection of the left knee without improvement. MRI of left knee was noted to reveal tricompartmental osteoarthritis moderate to severe within the medial compartment and more mild to moderate within the lateral patellofemoral compartment. Plain radiographs on 04/26/11 were noted to show severe osteoarthritis of the left knee joint, but no weightbearing films were submitted for review. Records indicate the injured employee's BMI is 37.6 which exceeds ODG guidelines of BMI less than 35 for patients to undergo total knee arthroplasty. Given the current clinical data, the proposed surgical procedure is not supported as medically necessary, and the previous denial should be upheld on appeal.

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