IMedReviews
7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

**DATE OF REVIEW: 5/02/2011**

**IRO CASE #:**

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

**Right Total Knee Replacement with Femur Hardware removal x 5 Days LOS 27447 20680**

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

**Board Certified Orthopedic Surgeon/Fellowship Trained Spine 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**

| Document Type | Date(s) - Month/Day/Year |
|---|---|
| Notice of Case Assignment | 4/13/2011 |
| Workers' Comp Services<br><br>Notification of Adverse Determination<br><br>Notification of reconsideration | <br><br>3/31/2011<br><br>4/12/2011 |
| Orthopedics Appeal<br><br>Orthopedics and Sports Medicine<br><br>D.O. Clinical Notes<br><br>P.A.-C Clinical Notes | 4/01/2011<br><br><br>07/06/2010-3/22/2011<br><br>06/24/2010-12/14/2010 |

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| | |
|---|---|
| Health System | |
| Therapy Progress Note | 1/25/2011 |
| Physical Therapy Initial Evaluation, Re-evalution | 11/03/2010-12/14/2010 |
| Operative Report | 11/22/2010 |
| Radiology Report | 7/20/2010 |

## PATIENT CLINICAL HISTORY [SUMMARY]:

Male S/P MVA, driver, sustained injuries to the right femur, right fibula, and right knee. Patient underwent IMN of the right femur shortly after the injury. Due to persistent pain in the setting of a radiographically healed fracture and despite minimal radiographic osteoarthritic changes reported, a right knee MRI was performed. The findings indicated soft tissue injuries to include an avulsion of the PCL, medial and lateral meniscal tears. Regarding the articular surfaces, the following is the MRI reported findings: "there is a 5 mm superficial delaminating chondral defect seen at the patellar apex, and along the medial patellar face just medial to the patellar apex. No full thickness defect is present. Mild focal fissuring of articular cartilage along the medial patellar facet over a distance of approximately 2 mm in the transverse dimension involves roughly 50-70% of the chondral thickness. Again, no full thickness defect is present in this area. Trochlear cartilage appears generally preserved. There is mild fissuring of articular cartilage along the anterior portion of the medial femoral condyle. There is a near or which defect measuring roughly 3 mm in the AP dimension of the medial tibial plateau. A focal area of decreased signal intensity, similar to that of articular cartilage, are seen posterior to the lateral femoral condyle. The largest of these measures approximately 5 mm."

The patient eventually underwent right knee arthroscopy, and partial medial and lateral menisectomy, removal of loose bodies, and abrasion chondroplasty of the medial femoral condyle. Intra-operatively it was reported that the patient had grade III Chondromalacia of the medial femoral condyle, patella, and trochlear notch.

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

The ODG guidelines(1) for a total knee arthroplasty, include the following criteria:

1. Conservative Care: Medications and viscosupplementation injections or steroid injections PLUS
2. Subjective Clinical Findings: limited range of motions and nighttime joint pain and no pain relief with conservative care PLUS
3. Objective Clinical Findings: over 50 years of age and body mass index of less than 35 where increased BMI poses elevated risks for post-op complications PLUS

4. Imaging clinical findings: Osteoarthritis on Standing X-ray or Arthroscopy

These recommendations are within the standard of care (2, 3). Based on these recommendations, and based on the information submitted to me, this peer reviewer does not recommend total knee Arthroplasty as there is no documentation of failure of conservative care, and no radiographic findings of osteoarthritis on Standing AP radiographs reported despite the arthroscopic findings. At the very least, a trial of conservative care should be considered.

**References:**

1. WorkLossDataInstitute 2011 Official Disability Guidelines. wwwodg-twccom
2. Wang CT, Lin J, Chang CJ, Lin YT, Hou SM 2004 Therapeutic effects of hyaluronic acid on osteoarthritis of the knee. A meta-analysis of randomized controlled trials. J Bone Joint Surg Am 86-A:538-545
3. Leopold SS, Redd BB, Warme WJ, Wehrle PA, Pettis PD, Shott S 2003 Corticosteroid compared with hyaluronic acid injections for the treatment of osteoarthritis of the knee. A prospective, randomized trial. J Bone Joint Surg Am 85-A:1197-1203

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

- ☐ **ACOEM- AMERICAN 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)**