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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/6/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a right knee total replacement with 3-5 day LOS. (27447)

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

The reviewer is a Doctor of Osteopathy who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a right knee total replacement with 3-5 day LOS. (27447)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

This male has a past history of anterior cruciate ligament injury to the left knee in xxxx. There is a subsequent history of severe twisting injury in xxxx with posterior cruciate ligament reconstruction October 31, 1998 and subsequently an anterior cruciate ligament reconstruction November 17, 1999 to the right knee. In September 2008 a medial meniscal tear was sustained with a partial meniscectomy to the right knee with a good result. Moderate arthrosis was noted in the medial compartment at the time of the September 2008 procedure. The anterior and posterior ligament reconstructions were in excellent condition at that time. On March 22, 2011 Dr. indicated the patient had done well after these injuries and had a very active lifestyle doing rather heavy work. The current injury occurred when the patient stepped off the back of a pickup truck and felt a popping sensation within the knee. Dr. indicated the patient stated it had been swollen with tenderness since the current injury. On examination there was significant swelling, tenderness along the anterior medial and medial aspect of the knee, slight patellofemoral crepitus, and anterior drawer sign perhaps mildly positive but some positivity to the posterior drawer sign was noted. X-rays noted severe progressive posttraumatic degenerative changes particularly in the medial

compartment. Total knee arthroplasty was discussed with the patient as the most reasonable approach to treat his degenerative joint disease. The x-ray report for March 22, 2011 indicates severe near bone-on-bone configuration in the medial compartment with the fixation devices from prior anterior and posterior cruciate ligament reconstruction being present. Dr. on April 1, 2011 indicated that based on his findings the patient at least incurred a repeat tear of the posterior cruciate ligament and based on clinical findings as well as x-ray findings with severe degenerative osteoarthritis a total knee replacement arthroplasty was indicated.

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

Dr. rationale of the near bone-on-bone arthritis being a relative contraindication for a cruciate ligament reconstruction and the repeat posterior cruciate ligament reconstruction would be extremely difficult to obtain a satisfactory result are medically appropriate according to the reviewer. The prior peer review recommended noncertification due to the patient's age but with the physical examination findings and radiographic findings should not be considered a contraindication. According to information received from the OIEC representative, Laurie at the San Angelo office, the patient measures 5' 10.5" and weighs 215 pounds. Therefore, his BMI is under 31.

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Medications. AND (Visco supplementation injections OR Steroid injection). PLUS
2. Subjective Clinical Findings: Limited range of motion. 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.

This patient meets all of the above criteria according to the records provided. Therefore, the procedure is medically necessary at this time.

**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)