

# The DYLL REVIEW

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## Notice of Independent Review Decision

**DATE OF REVIEW: 04/29/2011**

**IRO CASE #:**

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

Right Total Knee Arthroplasty (TKA)

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1982 and is licensed in Texas, Oklahoma, Tennessee and California.

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Recommend non-certification of total knee arthroplasty.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records Received: 19 page fax 4/11/11 Texas Department of Insurance IRO request, 107 page fax 4/12/11 URA response to disputed services including administrative and medical records, 12 page fax 4/11/11 Provider response to disputed services including administrative and medical records

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

This is a male injured xx/xx/xx and subsequently diagnosed with a strain/sprain of the knee. The original injury occurred from a hyperextension occurrence of the knee. The patient has had arthroscopy, partial medial and lateral meniscectomies of the right knee in October 2002 and at that time was advised of a Grade 2-3 chondromalacia of the patella and trochlear groove. The patient has been seen by Dr. for the arthritis complaint of the knee, and the patient has had viscosupplementation performed by Dr. with fairly good relief. Ongoing, Dr. has again provided viscosupplementation, and continued x-rays of the knee note the osteoarthritis about the knee, mainly medial compartment. The patient also during Dr. treatment has received Mobic, Celebrex, and tramadol.

More current information from Dr. notes on 02/14/11 the persistent knee pain. A prior cortisone injection did not really give any significant relief, and the last viscosupplementation with Synvisc in November 2010 did not really provide any significant relief. Since that time, the patient has had persistent knee pain.

In the evaluation, Dr. noted this patient is 5 feet 10 inches tall, 272 pounds with range of motion 0 to 95 degrees. The knee was stable on exam. X-rays that date revealed

significant medial joint space narrowing, not quite bone on bone, with medial compartment spurs. A mild varus alignment and early patellofemoral arthritis was also identified. At that time, Dr. felt the patient had exhausted conservative measures, and replacement was recommended.

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

The *ODG* criteria for total knee replacement include conservative care, which this patient has received extensively, with medication and viscosupplementation and steroid injections, subjective clinical findings of limited motion complaints of pain unresponsive to conservative care, which this patient has, over 50 years of age, which this patient is at xx, and a body mass index of less than 35. The patient at 5 feet 10 inches and 275 pounds is approximately 39 body mass index, which the guides indicate less than 35 where increased BMI poses elevated risk for postop complications, which in this patient's clinical scenario, where he is a diabetic, and has high cholesterol, there needs to be better documentation as to the patient's diabetes and control before one would consider surgical intervention at a BMI of 39.

Therefore, I recommend the non-certification at this time of the requested total knee arthroplasty, and we utilized *ODG* criteria for total knee replacement.

**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)