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Notice of Independent Review Decision

[Date notice sent to all parties]: September 5, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Total Knee Replacement Surgery

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
09/14/10: MRI Right Knee w/o Dye
03/18/11: Consultation
04/01/11: Follow-up Evaluation
4/11/11: Follow-up Evaluation
04/29/11: Follow-up Evaluation
05/13/11: Follow-up Evaluation
05/27/11: Follow-up Evaluation
06/13/11: Follow-up Evaluation
07/12/11: Follow-up Evaluation
08/05/11: Follow-up Evaluation
8/26/11: Follow-up Evaluation
09/16/11: Follow-up Evaluation
10/07/11: Follow-up Evaluation
10/31/11: Follow-up Evaluation
11/30/11: Follow-up Evaluation
12/12/11: MRI Right Knee without Contrast

12/21/11: Follow-up Evaluation
01/11/12: Follow-up Evaluation
01/24/12: Follow-up Evaluation
02/10/12: Follow-up Evaluation
03/02/12: Follow-up Evaluation
03/16/12: Follow-up Evaluation
04/12/12: Follow-up Evaluation
05/03/12: Follow-up Evaluation
05/09/12: Lab Report
05/23/12: Follow-up
06/19/12: Follow-up
07/18/12: Follow-up
07/26/12: UR
08/06/12: UR

PATIENT CLINICAL HISTORY [SUMMARY]:
This claimant is a male who was injured when he fell at work. He underwent a right knee arthroscopy/partial medial meniscectomy/debridement. He also received NSAIDs, physical therapy and activity modification.

MRI of the Right Knee w/o dye, Impression: There is maceration of the posterior horn of the medial meniscus. There is moderate medial compartment degenerative joint disease. NO evidence of lateral meniscal tear, cruciate ligament tear, fracture, osteochondral lesion, or loose body.

On March 18, 2011, the claimant was seen in consultation for complaints of sharp right knee pain and limited function following surgery on 12/16/2010. Past Medical History was positive for Diabetes. On physical examination he had an antalgic gait, varus deformity, large effusion, positive patellar grinding test, positive tenderness at medial joint line, and positive McMurray's test. ROM was 5/100 on the right and 0/120 on the left. Diagnosis: Internal Derangement Right Knee, and Derangement Meniscus OT. Plan: Dr. opined that findings were consistent with work related right knee medial meniscus tear and pre-existing medial compartment degenerative disease with varus deformity which was aggravated by the injury. Treatment options were NSAIDs, physical therapy, orthotics, steroid injection and surgery. The claimant wished to proceed with steroid injection and knee bracing. Dr. performed an aspiration of the right knee and then injected .5% Marcaine 4 ml mixed with 40 mg-1 ml Kenolog in to the knee joint. He was then fitted with a hinged right knee orthosis. Medication included Celebrex 200 mg.

On April 1, 2011, the claimant was re-evaluated by MD. It was reported he had some improvement after the steroid injection. Dr. performed an aspiration of the right knee and then injected .5% Marcaine 4 ml mixed with 40 mg-1 ml Kenolog in to the knee joint. Medication included Celebrex 200 mg and Vicodin 5/500. A medial unloader right knee brace was ordered.

On May 13, 2011, the claimant was re-evaluated by MD. It was reported he had a recent increase in pain and swelling. Dr. performed an aspiration of the right knee and then injected .5% Marcaine 4 ml mixed with 40 mg-1 ml Kenolog in to the knee joint. Medication included Vicoprofen 7.5/200 mg. Continue knee brace.

On June 13, 2011, the claimant was re-evaluated by MD. It was reported he still had right knee pain and swelling. Pain was rated 6-10/10. Dr. opined that the claimant would benefit from right total knee replacement surgery and the claimant wanted to proceed.

On August 5, 2011, the claimant was re-evaluated by MD. It was reported he had more pain with ambulation and that the knee replacement surgery had been denied by the insurance company. Due to a large right knee joint effusion, Dr. performed an aspiration of the right knee. Medication included Norco 10 mg. He was to continue the right knee brace and a cane was provided for use.

On September 16, 2011, the claimant was re-evaluated by MD. Due to a large right knee joint effusion, Dr. performed an aspiration of the right knee. Dr. continued to recommend a total knee replacement. Medication included Norco 10 mg. He was to continue the right knee brace.

On December 12, 2011, MRI of the Right Knee w/o contrast, Impression: 1. Medical meniscus abnormal morphology and signal intensity, likely sequel of meniscectomy and meniscal tear. Of note, there is peripheral extrusion of meniscal tissue that extends into the superior meniscal femoral recess. 2. Tricompartmental osteoarthritic change, most significant within the medial femorotibial compartment, which demonstrates severe joint space narrowing, grade IV chondromalacia, and chronic body contusion/subchondral cystic change. 3. Grade I sprain of the MCL. 4. Moderate joint effusion with intra-articular cartilaginous body, as above.

On January 11, 2012, the claimant was re-evaluated by MD. On physical examination he had an antalgic gait, varus deformity, joint effusion, positive patellar grinding test, positive tenderness at the medial joint line, positive McMurray's test and ROM of the right knee was 5/90. Medication included Norco 10 mg and Naproxen 500 mg. He was to continue the right knee brace and Dr. continued to recommend total knee replacement.

On February 10, 2012, the claimant was re-evaluated by MD. Due to a large right knee joint effusion, Dr. performed an aspiration of the right knee and then injected 40 mg of Kenolog in to the knee joint. . Dr. continued to recommend a total knee replacement. Medication included Norco 10 mg. He was to continue the right knee brace and cane.

On May 3, 2012, the claimant was re-evaluated by MD. It was reported that a recent Court Decision and Order on 02/28/12 stated "the compensable injury extends to include osteoarthritis/degenerative joint disease of the right knee." It was also noted a recent Designated Doctor evaluation found the claimant not at MMI but needed to rule out Rheumatoid arthritis. Dr. had Rheumatoid arthritis blood work done, which was

negative for Rheumatoid arthritis. Dr. continued to recommend a total knee replacement.

On July 18, 2012, the claimant was re-evaluated by MD. It was reported that the claimant continued with right knee pain, swelling and limited function. Pain was rated 8-10/10. On physical examination he had an antalgic gait, varus deformity, joint effusion, positive patellar grinding test, tenderness at the medial joint line, positive McMurray's test and ROM of 5/90. Diagnosis: Internal derangement of right knee and derangement meniscus OT. The claimant was prescribed Norco 10 mg, Hydrocodone 10-325 and Voltaren 1% Gel. He was to continue knee brace and cane. Dr. continued to recommend a total knee replacement.

On July 26, 2012, DO performed a UR. Rationale for Denial: The claimant was taken to surgery and underwent a partial medial meniscectomy with debridement. Conservative treatment is reported to have included oral medications, physical therapy, aspiration, corticosteroid injections, bracing, and activity modification. A State Decision and Order is reported to indicate that the compensable diagnosis includes OA/DJD of the right knee. Current medications include Norco. The claimant is an insulin dependent diabetic. On physical examination dated 07/18/12 the claimant is reported to have an antalgic gait, varus deformity, joint effusion, positive patellar grind, medial joint line tenderness, and positive McMurray's sign. MRI dated 12/12/11 indicates tricompartmental OA. Per DDE, the claimant is 5'8" tall and weighs 270 pounds resulting in a BMI of 41.05. The request for right total knee arthroplasty is not supported as medically necessary. The submitted clinical records do not indicate that the claimant has undergone a trail of viscosupplementation. Furthermore, the claimant's BMI exceeds the ODG recommended BMI of 35. Given that the claimant is morbidly obese and has not failed all conservative care the request does not meet ODG criteria and therefore not medically necessary at this time.

On August 6, 2012, MD performed a UR. Rationale for Denial: The submitted clinical records indicate that the claimant is a morbidly obese male who is reported to have failed conservative management. The request for right total knee replacement is not supported as medically necessary. The available data indicate the claimant is morbidly obese and exceeds ODG recommendations. The UR history indicates no fewer than 5 previous denials and prior IRO determination that upheld the denials. There is no indication the claimant has undergone viscosupplementation. Based on the submitted data the request is not medically necessary.

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

The previous adverse determinations are upheld. Based on the documentation provided for review, there is no indication that the claimant had undergone Visco supplementation injections; however, there is record of steroid injections being performed with little relief. According to ODG Indications for Surgery – Knee arthroplasty, Criteria number 1, the claimant should have undergone conservative care including medications AND (Visco supplementation injections OR Steroid injections). Therefore, since the claimant did undergo steroid injections and tried a course of

medications, he would meet this criterion. However, for ODG Criteria number 3, but there is no current Body Mass Index documented. According to the prior UR reports, a DDE recorded the claimant to be 5'8" tall and weighs 270 pounds resulting in a BMI of 41.05. This would not meet the requirement of a BMI of less than 35. Without current documentation of the claimant's BMI and whether it is less than 35, the request for the Right Total Knee Replacement Surgery is denied.

PER ODG:

ODG Indications for Surgery™ -- Knee arthroplasty:
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 AND Documentation of current functional limitations demonstrating necessity of intervention. 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.
(Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)
For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled nursing facility LOS (SNF)

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)**