

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Oct/31/2013

**IRO CASE #:**

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

I/P Right Total Knee Arthroplasty, 3-4 Day LOS

**A 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)

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

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

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical reports dated 03/27/12 – 09/04/13

Operative report dated 07/02/12

Functional capacity evaluation dated 03/01/13

Letter dated 05/24/13

Prior utilization reviews dated 08/20/13 & 10/03/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury on xx/xx/xx when she fell. The patient initially sustained a patellar fracture with postoperative soft tissue necrosis of an anterior right knee incision. The patient underwent further surgical intervention to include removal of Steinmann pins as well as the cerclage compression wiring of the right patella on 07/02/12.

Postoperatively, the patient was recommended to do passive range of motion exercises as well as quadriceps strengthening. The patient was recommended for a patellar stabilizing hinged knee brace in September of 2012. The clinical report on 01/30/13 indicated that the patient continued to have complaints of crepitus within the medial compartment as well as the patella femoral joint space. Physical examination was not provided and radiographs were stated to show complete loss of the patella femoral joint space with cystic changes noted in the patella. There was full extension of the right knee with flexion to 90 degrees. The patient was recommended for total joint arthroplasty of the right knee at this visit. As of 06/04/13, the patient's weight was 210 lbs. No height was given. The clinical report from 07/03/13 reports the patient's height at 61.25 inches with a weight of 208 lbs. The clinical report on 09/04/13

stated that the patient continued to have difficulty with right knee pain. The patient did report some instability without locking. Physical examination showed 1+ joint effusion in the right knee. Radiographs were again stated to show large amounts of medial osteophyte formation at the patella with sclerosis and osteoporosis present. There was severe patella femoral crepitus and joint space collapse noted.

The requested right total knee arthroplasty with a 3-4 day length of stay was denied by utilization review on 08/20/13 as there was no documentation regarding failure and exhaustion of recent conservative treatment to include viscosupplementation or steroid injections. The patient also exceeded guideline recommendations regarding a BMI of less than 35.

The request was again denied on 10/03/13 as there was no further documentation regarding conservative treatment and the BMI of the patient did exceed guideline recommendations.

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

The patient has been followed for ongoing complaints of right knee pain following an extensive fracture of the patella that required open reduction internal fixation. The patient reported ongoing crepitus and instability in the right knee and the patient's most recent physical examinations showed evidence of 1+ effusion with loss of range of motion in the right knee. There was patella femoral crepitus noted on exam. Radiograph studies did show grade 3-4 patella femoral chondromalacia with complete loss of the patella femoral joint space. also felt that there was osteoarthritis present in the medial compartment. There was sclerosis formation as well as osteophytes noted at the medial patella. Given the patient's age and the severity of the radiographic findings for the right knee, it is highly unlikely that the patient will improve with any further conservative treatment such as injections or physical therapy. It is noted that the patient's BMI exceeds guideline recommendations; however, in this case, due to the severity of the findings it is unlikely that the patient will be able to lose any weight with the right knee in its current condition. Therefore, it is this reviewer's opinion that this patient is a clear outlier to current evidence based guidelines regarding total knee arthroplasty. In this case, surgical intervention is likely the only course of treatment that will reasonably result in functional improvement for this patient. Therefore, this reviewer does recommend the proposed right total knee arthroplasty as medically necessary. The patient will also reasonably require a 3-4 day postoperative inpatient stay for monitoring regarding complications such as infection which has already been noted in this patient in the past. As the clinical documentation provided for review does support medical necessity in this case, the prior denials are overturned.

**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**