

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Three day inpatient stay for unicompartmental arthroplasty with computer assistive navigation for the right knee

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:

05/28/13: Evaluation
06/04/13: MRI of the Right Knee without contrast
06/14/13: Evaluation
07/12/13: UR performed
08/20/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury of his right knee on xx/xx/xx. The claimant with a known prior history of a right knee arthroscopy with partial medial and lateral meniscectomies on xx/xx/xx and then again on xx/xx/xx.

On May 28, 2013, the claimant was evaluated for a new injury to the right knee. Pain was described as primarily medial with radiation to the lateral leg, constant,

sharp, stabbing and weakness. Current medications were Norco 325 mg-10mg. On physical examination of the right knee there were well healed portal sites and stable gait. There was moderate effusion and moderate tenderness of the medial joint line. ROM was full with pain. There was no evidence of instability appreciated. There was positive McMurray's test, normal strength and normal sensation. X-ray: right, weight bearing AP, lateral and sunrise showed mild isolated medial OA. Assessment: 1. Contusion right knee. 2. Medial meniscus stable. 3. Lateral meniscus status post surgery. 4. Current tear of right meniscus. Plan: MRI

On June 4, 2013, MRI of the Right Knee, Impression: 1. Extensive degenerative tear of the medial meniscus with the tear extending through the entirety of the meniscus but wrist in the posterior horn and body of the meniscus. 2. Horizontal tear along the inferior articular surface of the posterior horn and body of the lateral meniscus. 3. Advanced full-thickness chondromalacia of the anterior and mid weight bearing surface of the medial femoral condyle as well as the anterior aspect of the medial tibial plateau.

On June 14, 2013, the claimant was re-evaluated who reported on physical examination tenderness in the medial joint line and patella. Full ROM with pain and crepitance. No evidence of instability. Positive McMurray's test and positive Steinmann test. Assessment: 1. Traumatic Arthritis of the right knee. 2. Medial Meniscus Acute right. Plan: Recommendation for unicompartmental knee replacement with computer navigation.

On July 12, 2013, performed a UR. Rationale for Denial: A lengthy discussion with the surgeon's surgery scheduler provided a lot of additional information including the fact this is the third and probably most minor of the right knee injuries sustained on the job. It appears that the need for multiple surgeries started with the xxxx work injury and the scheduler was surprised it is under a new claim. The patient completed some therapy after the recent February surgery and simply had a setback with a mild twisting injury in May. No knee injections have been done for the arthritic progression since the most recent re-injury. We agreed that a cortisone injection was probably indicated to meet the Official Disability Guidelines criteria and either a few more therapy sessions or re-institution of his home program.

On August 20, 2013, performed a UR. Rationale for Denial: The previous denial is supported as no additional records have been provided for review suggesting evidence of exhaustion of lower levels of care or proposed treatment for the meniscal tear. The Guidelines would not support surgical intervention without full exhaustion and documentation of formal physical therapy, visco supplementation, corticosteroid injection or oral non-steroidal anti-inflammatory medication. There are no clinical findings suggesting limited range of motion of less than 90 degrees at this time. Without full documentation of failure of conservative treatment and physical examination findings documenting limited range of motion supporting the need to proceed with surgical intervention, the request cannot be supported at this time.

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

The previous adverse determinations are upheld. The Official Disability Guidelines have outlined specific criteria for a unicompartmental arthroplasty. The claimant has undergone PT in the past following the surgery in February of 2013, however, following this new claim, the claimant has not had any PT or visco supplementation injections or steroid injections. There was also no documentation of limited ROM or nighttime joint pain. There was also no clear documentation of the claimant's current functional limitations. The claimant does meet the criteria of being over xx years of age and a Body Mass Index of less than 35 (it was documented his BMI is 29.2). There are also Imaging Clinical Findings. The records provided for my review did not document that the claimant met all the required criteria of ODG, therefore, the request for unicompartmental arthroplasty with computer assistive navigation for the right knee is denied. The three day inpatient stay does meet ODG guidelines, however, as the surgery is denied at this time, so would the length of hospital stay.

PER ODG:

Unicompartmental knee replacement	Recommended as an option. See Knee joint replacement . Unicompartmental knee replacement is effective among patients with knee OA restricted to a single compartment. (Zhang, 2008) In this RCT, the early results demonstrated that the unicompartmental knee replacement (UKR) group had less complications and more rapid rehabilitation than the total knee replacement (TKR) group. At five years there were an equal number of failures in the two groups but the UKR group had more excellent results and a greater range of movement. The 15 years survivorship rate based on revision or failure for any reason was 89.8% for UKR and 78.7% for TKR. The better early results with UKR are maintained at 15 years with no greater failure rate. (Newman, 2009)
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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: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS

2. Subjective Clinical Findings: Limited range of motion (<90° for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) 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 (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). ([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)

ODG hospital length of stay (LOS) guidelines:

Knee Replacement (81.54 - Total knee replacement)

Actual data -- median 3 days; mean 3.4 days (± 0.0); discharges 615,716; charges (mean) \$44,621

Best practice target (no complications) -- 3 days

Revise Knee Replacement (81.55 - Revision of knee replacement, not otherwise specified)

Actual data -- median 4 days; mean 4.8 days (± 0.2); discharges 4,327; charges (mean) \$60,129

Best practice target (no complications) -- 4 days

Meniscectomy (81.43 - Knee repair)

Actual data -- insufficient overnight stays

Best practice target (no complications) -- *Outpatient*

Osteochondral Autografts and Allografts (81.47 - Other repair of knee)

Actual data -- median 2 days; mean 3.1 days (± 0.1); discharges 6,941; ch

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)