

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/11/2013

### IRO CASE #:

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

Inpatient x 2 days with right total knee replacement at Texas Regional Medical Center

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

Board Certified Orthopedic Surgeon (Joint)

### 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

MRI of the right knee dated 01/15/13

Procedural note dated 03/21/13

Clinical notes dated 04/16/13, 07/26/13, & 08/05/13

RME dated 08/12/13

Clinical notes dated 08/13/13, 08/21/13, & 08/23/13

Previous adverse determinations dated 08/20/13 & 09/03/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her right knee from an unknown origin. The MRI of the right knee dated 01/15/13 revealed moderate effusion with a Baker's cyst. Grade 2 to 3 chondromalacia was noted involving the patella femoral joint. A grade 2 signal was noted at the posterior horn of both the medial and lateral menisci without evidence of a tear. The operative note dated 03/21/13 indicates the patient having undergone a right knee arthroscopy with a partial medial and lateral meniscectomy. The clinical note dated 04/16/13 indicates the patient presenting for a follow up regarding the right knee procedure. The note does mention the patient being recommended for a physical therapy program at that time. The clinical note dated 07/26/13 indicates the patient continuing with right knee pain. The note does mention the patient utilizing Gabapentin, Norco, and Tramadol for ongoing pain relief. The clinical note dated 08/05/13 mentions the patient complaining of right knee pain. The patient was able to demonstrate -22 to 95 degrees of range of motion. The patient was noted to have a positive patellar apprehension sign. The note does mention

the patient having undergone x-rays of the right knee which revealed significant medial joint space narrowing. Bone spurs were also noted at the medial compartment. The RME dated 08/12/13 indicates the patient being unable to walk on her heels or toes. Tenderness was noted throughout the right knee. The clinical note dated 08/13/13 indicates the patient continuing with joint line tenderness at the right knee. The note does mention the patient utilizing non-steroidals to include Naproxen at that time. The patient was recommended for a total knee arthroplasty. The clinical note dated 08/21/13 indicates the patient having no response to postoperative corticosteroid injections. The clinical note dated 08/23/13 indicates the patient continuing with significant pain at the right knee. Pain was also elicited with full extension.

The utilization review dated 08/20/13 resulted in a denial secondary to a lack of information regarding the results of any previous injections.

The utilization review dated 09/03/13 resulted in a denial as no information was submitted regarding the patient's articular disruptions in the patella femoral compartment and no information was submitted regarding the patient's completion of a full course of physical therapy. Additionally, no information was submitted regarding the patient's current BMI.

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

The documentation submitted for review elaborates the patient complaining of right knee pain with associated range of motion deficits. An arthroplasty of the knee would be indicated provided the patient meets specific criteria to include completion of all conservative measures as well as exam findings indicating significant clinical findings. There is mention in the clinical notes regarding the patient's use of pharmacological interventions. Additionally, the patient is noted to have previously undergone physical therapy. However, no dates or the number of sessions were included. Therefore, it is unclear if the patient has completed a full course of treatment. No information was submitted regarding the patient's current height and weight indicating a BMI of less than 35. As such, it is the opinion of the reviewer that an inpatient stay of 2 days for a right total knee replacement at Medical Center is not recommended as medically necessary.

**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**