

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

08/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: three day inpatient stay for total knee arthroplasty with possible patellar tendon augmentation, cadaver allograft and durable medical equipment rental for 21 days of continuous passive motion device (CMD) for the right knee as requested.

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:

Partially Overturned (Agree in part/Disagree in part)

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:

Clinical records 02/07/12-06/03/13
Laboratory studies 06/04/13
Prior reviews 06/26/13 and 07/03/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he slipped and fell. The patient had complaints of pain in the right knee with associated effusion. It appeared that the patient had a quadriceps rupture which required surgical intervention. The patient also had a prior medical history of heart disease with

quadruple bypass. Other notable conditions included pseudo gout of the right wrist. The clinical record from 04/01/13 indicated that the patient had ongoing right knee pain. Physical examination showed good range of motion in the right knee with no instability or effusion. There were recommendations and approval for Synvisc injections which were performed at this visit. Follow up on 05/30/13 indicated that the patient continued to have right knee pain with associated instability and weakness. Physical examination showed post-operative scarring consistent with prior quadriceps repair. There was an obvious varus deformity with relative contraction of the medial collateral ligament. There were some findings consistent with early peripheral vascular disease. Radiographs showed bone on bone contact and flattening of the condyle with extensive subchondral sclerosis and osteophyte formation. There was marked widening of the lateral joint line and shifting of the tibia laterally indicating degenerative instability. The patient was assessed with end stage degenerative joint disease of the right knee and recommended for total knee arthroplasty. The clinical record on 06/03/13 indicated that there was no cardiac contraindication for knee surgery. The request for a total knee arthroplasty with possible patellar augmentation utilizing a cadaver allograft 21 day DME rental for continuous passive motion and a three day inpatient stay was denied by utilization review on 06/26/13 as a current BMI was not discernible in the medical records. There was an indication that the prior BMI was 42.7. The request was again denied by utilization review on 07/03/13 as there was no further documentation regarding current BMI.

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 secondary to end stage degenerative joint disease. Imaging studies were stated to show evidence of severe joint space narrowing medially with subchondral sclerosis subchondral cyst and spurring formation occurring. The patient did not report any response to viscosupplementation injections. The patient was also appropriately cleared for surgical intervention given his prior cardiac history. Although previous evaluations showed a high BMI greater than 35 it is the opinion of this reviewer that due to the end stage degenerative joint disease in the right knee the patient will not be able to make any significant headway with weight loss with his current status. It is unlikely that the patient would reasonably improve further with conservative treatment and at this time the only option would be to perform a total knee arthroplasty with possible patellar augmentation given the abnormal tracking of the patella and prior quadriceps repair. Given that this patient meets a majority of the current evidence based guideline recommendations regarding total knee arthroplasty and as the patient has a clear outlier regarding his weight it is the opinion of this reviewer that the proposed total knee arthroplasty with possible patellar tendon augmentation utilizing cadaver allograft be certified as medically necessary. Per current evidence based guidelines three day inpatient stay would be reasonable and necessary and within guideline recommendations for post-operative monitoring for infection and initial rehabilitation. This reviewer does not support approval for the requested DME rental for 21 day continuous passive

motion machine. Per guidelines a four to ten consecutive day period of a continuous passive motion device following total knee arthroplasty is medically necessary. As such this reviewer recommends modification of this request to a 10 day rental of a continuous passive motion device only.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Criteria for the use of continuous passive motion devices:

In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures:

- (1) Total knee arthroplasty (revision and primary)
- (2) Anterior cruciate ligament reconstruction (if inpatient care)
- (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint ([BlueCross BlueShield, 2005](#))

For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:

- (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:
 - (a) complex regional pain syndrome;
 - (b) extensive arthrofibrosis or tendon fibrosis; or
 - (c) physical, mental, or behavioral inability to participate in active physical therapy.
- (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies.

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](#))

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