

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: April 2, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Left Total Knee Replacement with Three Day Length of Stay

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered a left knee work related injury on xxxxxx. According to records sent for review, the claimant underwent surgery as described below. Following this surgery, he continued to have problems

throughout his knee and underwent another arthroscopic knee procedure performed as described below. The claimant is documented to have no relief following this procedure. It was also documented that he underwent weeks of physical therapy with no relief, but therapy notes were not provided for review. It was also noted that the claimant had received multiple steroid injection in the knee without relief.

On January 14, 2011, MRI of the Left Knee, Impression: 1. Tear involving the body of the medial meniscus with displaced meniscal fragment in the medial gutter. Additional oblique tear component extending into the posterior horn of the medial meniscus. 2. Marrow edema in the medial femoral condyle with possible minimal subchondral impaction/trabecular microfracture. The findings are most likely related to recent trauma, although a subchondral insufficiency fracture due to spontaneous osteoneurosis could produce a similar appearance. 3. Mild medial compartment osteoarthritis with full-thickness cartilage defect overlying the medial femoral condyle. 4. Mild suprapatellar effusion. 5. Baker's cyst.

On September 11, 2011, Report of Operation. Procedures performed: 1. Left knee arthroscopic and/or arthroscopically assisted cruciate ligament surgery. 2. Left knee arthroscopic removal synovium and/or adhesions, extensive. 3. Left knee arthroscopic meniscus surgery.

On May 18, 2012, Operative Report. Postop Diagnosis: 1. Partially torn anterior cruciate ligament and posterior cruciate ligament. 2. Partially torn medial and lateral meniscus. 3. Complete 3-compartment synovitis. 4. Grade 3 traumatic chondromalacia of medial femoral condyle. 5. Adhesions. Procedures Performed: 1. Left knee arthroscopy. 2. Anterior cruciate ligament repair using Amniotic membrane allograft. 3. Posterior cruciate ligament repair using Amniotic membrane allograft. 4. Partial medial and lateral meniscectomy. 5. Complete synovectomy. 6. Abrasion arthroplasty of medial femoral condyle. 7. Removal of adhesions.

On November 29, 2012, the claimant was seen in follow-up for continued pain, swelling, popping and grinding of his left knee. Medications listed as Omeprazole, Lisinopril-Hydrochlorothiazide, Ambien, Hydrocodone-Acetaminophen, Naproxen and Abilify. Vitals: Weight: 265 lb, Height: 68.5, Body Surface Areas: 2.41 m, Body Mass Index: 39.71 kg/m². Pain level 6/10. On examination the claimant presented with left knee localized swelling, anterior knee swelling and effusion. Left knee range of motion was decreased, flexion restricted, flexion painful, Drawer sign was positive, Apley's grinding test was positive, McMurray's test was positive and Childress test was negative. At the endoscope entry point it was noted that there was clear drainage; easily expressed and runs spontaneously as well; no evidence of infection. There was also left knee tenderness and tenderness over the tibial tuberosity, crepitus and unstable knee joint. Assessment & Plan: 1. Tear of Lateral Meniscus of knee joint. 2. Tear of medial meniscus of knee joint: MRI lower extremity w/o dye, referred to prestige imaging, referred. 3. Depressive disorder, major single episode, moderate: Continue Abilify.

On December 27, 2012, the claimant was seen in follow-up for pain in left knee and limping while walking. Vitals: Weight: 267 lb, Height: 68.5 inches, Body Surface Areas: 2.42 m², Body Mass Index: 40.01 kg/m². Pain level 6/10. No change in physical examination. Plan: Refer to (Orthopedic Surgery), change Hydrocodone-Acetaminophen 7.5-325 mg, 1 tablet 3 times daily, w/c Wean Down, continue Naproxen 500 mg, and continue Cymbalta 60 mg. also performed an injection of Bupivacaine Hydrochloride 30 ml and Triamcinolone Acetonide 10 mg.

On January 14, 2013, the claimant was evaluated. It was noted he presented wearing a hinged knee brace and using a cane. The claimant reported night pain, pain and catching of the knee and that his discomfort was unrelenting. documented that the claimant was 6' tall and weighed 250 pounds. Current medications were listed as Lisinopril, Zolpidem, Naproxen, Cymbalta, and Hydrocodone. On physical examination the claimant had effusion of the left knee. He had a flexion contracture, lacking full extension by 10 degrees. He was able to flex to 110 degrees with pain and tightness in the knee. Ligament stress testing was normal. He had patellofemoral crepitation that was painful. He had crepitation and pain in the medial compartment. There was medial joint line pain. The range of motion of the knee produced pain. obtained weight-bearing AP of the knee and a lateral x-ray and interpreted them to reveal bone-on-bone medial compartment osteoarthritis. On the lateral, he had loss of the articular surface between the patella and distal femur with patellofemoral osteoarthritis. The weight-bearing x-ray was dramatic in that the medial femoral condyle had ground into the surface of the tibial medial condyle itself. Assessment: Severe osteoarthritis of the left knee with bone-on-bone medial compartment and patella-femoral articular loss and osteoarthritis. Plan: opined that he did not think a proximal tibial osteotomy would provide the claimant with a useful, pain-free knee and enable him to return to his occupation as a truck driver. Due to the significant bone-on-bone deformity of the medial compartment and the patellofemoral osteoarthritis, felt he was a candidate for a total knee replacement, despite his relatively young age.

On January 28, 2013, performed a UR. Rationale for Denial: Medical records did not clearly demonstrate that the patient was a candidate for a total knee replacement or had recently been authorized surgery for a total knee replacement to the left knee. Without evidence that the patient had completed this surgery or is authorized to undergo this surgery, the request for a three day inpatient stay due to a left total knee replacement is not warranted.

On February 4, 2013, performed a UR. Rationale for Denial: Conservative care should include medications, Visco supplementation or steroid injection. There should be limited range of motion and night time pain with no relief from conservative care. Individuals should be greater than 50 years of age with a body mass index of less than 35, with objection of pathology by imaging studies or direct arthroscopic vision. The claimant is only xx years old. The claimant is stated to 6' tall weighing 250 lbs which is very close to the guideline indications and further clarification needs to be noted on current weight and accurate height.

The claimant has been treated with a hinge brace, cortisone injections and non-steroidal anti-inflammatory medications, Visco supplementation has not been exhausted or a medial unloader brace. Without exhaustion of all lower levels of conservative therapy for single compartment pathology of the knee, the request for a total knee replacement is not medically supported. The request for an inpatient left total knee replacement with a three day length of stay is not certified.

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

The previous adverse determinations are upheld. The claimant does meet the following ODG criteria: 1. Conservative Care: the claimant has undergone conservative care in the form of medications and steroid injections. 2. Subjective Clinical Findings: the claimant had findings of limited range motion to 110 degrees of flexion and nighttime joint pain. The claimant has not had pain relief with conservative care. 4. Imaging Clinical Findings: a weight-bearing x-ray performed on January 14, 2013 revealed severe osteoarthritis of the left knee with bone-on-bone medial compartment and patella-femoral articular loss and osteoarthritis. However, the claimant does not meet criteria 3. Objective Clinical Findings. The claimant is 43 years of age with a BMI of approximately 40. It is also noted that Visco supplementation has not been exhausted and the claimant has not undergone a trial with a medial unloader brace. Therefore, the request for Inpatient Left Total Knee Replacement does not meet ODG criteria and is not found to be medically warranted at this time. The request for Three Day Length of Stay does fall within ODG guidelines, however, since at this time the Left Total Knee Replacement is not approved, the LOS would also not be approved.

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 (<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. 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)

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

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)**