

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Partial Knee Replacement and Assistant Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review outcome of review of requested treatment 01/23/13

Reconsideration review outcome 03/06/13

Pre-authorization request 02/20/13

Office notes, 10/10/12-02/14/13

MRI arthrogram right knee 01/07/13 and 03/03/11

Physical therapy notes 12/23/09-11/14/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly was injured on xxxxx. The claimant was status post right knee surgery on 09/27/11 including ACL reconstruction and partial medial and lateral meniscectomy. Per office note dated 01/10/13, the claimant continued with or presented with right knee pain, popping, clicking, and grinding. MRI arthrogram on 01/07/13 reported new chondral defect at the midline trochlea over a 12.8mm cranial caudal distance; increasing size of full thickness medial femoral condylar articular cartilage defect; suspicious for intraarticular cartilaginous body; partial meniscectomy change involving the body and posterior horn of the medial meniscus without evidence to suggest a tear; grade 2 chondromalacia of the lateral femoral tibial compartment. The claimant underwent Synvisc one injection on 01/31/13. Follow up on 02/14/13 noted that the claimant stated that injection gave only minimal relief.

A request for right partial knee replacement was non-certified on 01/23/13 noting no recent attempt at injection; high risk for complication in multiple procedures if arthroplasty was performed at this age. It was noted that partial knee arthroplasty should be left as a last resort in a patient who was xx years of age. As surgery is not medically necessary, there is

no need for an assistant surgeon.

An appeal request for right partial knee replacement and assistant surgeon was non-certified on 03/06/13, noting that the claimant is only xx years old and other treatment options should be considered including ACI and OATS procedure prior to finalizing on the knee injury and compartmental arthroplasty.

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

The claimant is a male who sustained an injury to the right knee on xxxxx. He underwent right knee surgery including ACL reconstruction on 09/27/11. He presented with subjective complaints of right knee pain, popping, clicking, and grinding. The claimant was noted to walk with a limp and used a cane to ambulate. Examination of the right knee revealed active range of motion at 0-110 degrees and passive range of motion at 1-129 degrees limited by pain. Diffuse soft tissue swelling and positive crepitus were also noted. MR arthrogram completed on 01/07/13 showed a full-thickness cartilage defect along the weightbearing aspect of the medial femoral condyle and grade II chondromalacia of the lateral femorotibial compartment. Previous treatment was noted to include injections, medications, activity modifications, physical therapy, and surgery. A Synvisc 1 injection was performed on 01/31/13 and provided minimal relief. Current evidence based guidelines note that knee replacement surgery should be reserved for patients who are over 50 years of age, have BMI of less than 35, and who have failed conservative care. In this case, the claimant is only 30 years of age. As noted on previous reviews that other treatment options should be considered including ACI and OATS procedures prior to consideration of a partial knee replacement in a patient this young. Based on the clinical data provided, it is the opinion of this reviewer that the proposed right knee partial knee replacement with assistant surgeon is not supported as medically necessary.

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