

# Pure Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/29/2013

**IRO CASE #:**

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

Left Total Knee Arthroplasty with 3 days Inpatient Stay

**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  
Muscle strength testing dated 12/20/12  
Operative report dated 01/13/10  
Clinical notes dated 05/05/11 – 01/24/13  
Radiographs bilateral knees dated 04/10/11  
MR arthrogram left knee dated 06/08/12  
Prior reviews dated 01/10/13 and 03/07/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who initially sustained an injury on xxxxxx after falling. The patient is status post left knee arthroscopy with partial medial and lateral meniscectomies as well as chondroplasty performed in 01/10. Postoperative radiographs of the bilateral knees completed on 04/10/11 identified moderate left knee osteoarthritis, most severe in the medial compartment with joint space narrowing. In all 3 compartments, there were current articular osteophytes present. A clinical note in 02/12 indicated that the patient continued to attend physical therapy and utilize anti-inflammatories and that the patient has had multiple corticosteroid and viscosupplementation injections; however, the patient continued to have persistent and severe left knee pain. MR arthrogram study of the left knee completed on 06/08/12 again identified tri-compartmental osteoarthritis, most severe in the medial joint compartment. There was prominent tearing of the medial meniscus and a radial tear of the body of the lateral meniscus. The patient continued to remain symptomatic through 2012. The most recent evaluation on 12/20/12 reported continued tenderness in the left knee over

the medial and lateral joint lines. There was loss of range of motion with a 10-degree extension lag and flexion limited to 110 degrees. 2+ effusion was present. Positive McMurray's and Lachman's signs were noted. The patient was again recommended for a left total knee arthroplasty.

The request for a left total knee arthroplasty was denied by utilization review on 01/10/13 as there were no procedure notes confirming that lower levels of conservative treatment to include injections had been performed. There was no further documentation regarding physical therapy or use of medications. Additionally, the patient's BMI was unclear.

reported on 01/24/13 that the patient's calculated BMI was 33.7. again reviewed the patient's prior conservative treatment to include oral anti-inflammatories, physical therapy, and multiple corticosteroid and Supartz injections.

The request for a left total knee arthroplasty was again denied by utilization review on 03/07/13 as there was no documentation regarding conservative treatment.

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

The patient has been followed for a long history of left knee pain. Imaging studies have clearly showed tri-compartmental osteoarthritis, most severe in the medial compartment with joint space narrowing and the formation of periarticular osteophytes. has overviewed the patient's prior conservative treatment to include long-term use of anti-inflammatories, physical therapy, and multiple corticosteroid and viscosupplementation injections. The patient's physical examination is classic for symptomatic knee osteoarthritis. The patient has effusion present in the left knee with associated joint line tenderness and loss of range of motion. Given the extent of the tri-compartmental osteoarthritis noted in the left knee, it is unlikely that the patient would further improve with any conservative treatment, specifically physical therapy. The patient does have a BMI of less than 35 as recommended by current evidence based guidelines. Based on the totality of the records, it is clear that the patient has failed non-operative management for the left knee and has objective findings consistent with symptomatic osteoarthritis. Therefore, it is this reviewer's opinion that the patient does meet guideline recommendations regarding a total knee arthroplasty for the left knee and medical necessity has been established. As such, the prior denials are overturned.

**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**