

IRO REVIEWER REPORT TEMPLATE -WC

Independent Reviewers of Texas
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Notice of Independent Review Decision

[Date notice sent to all parties]:

04/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IP Total Knee Replacement

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)

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:

MRI left knee dated 04/25/11
Clinical reports dated 05/20/11 – 02/27/13
Operative report dated 02/15/12
MRI left knee dated 01/04/13
Cardiology consult dated 02/13/12
Echocardiograph report dated 02/13/12
LHL602. REV 05/12

Laboratory studies dated 02/06/12
Designated doctor's evaluation dated 12/20/11
Impairment rating reports dated 09/13/12 and 01/02/13
Physical therapy reports dated 05/25/11 – 05/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially sustained an injury in xx/xx when he fell on his left knee. The patient is status post left knee arthroscopy with partial medial meniscectomy and unicompartmental arthroplasty of the patellofemoral joint completed on 02/15/12. The patient did do well postoperatively with physical therapy through 05/12. The patient did report some lateral compartment pain in the left knee in 10/12. Radiographs of the left knee completed on 12/21/12 were reported to show some lateral spurring and joint space narrowing within the lateral compartment. The patient underwent a corticosteroid injection at this visit following an aspiration procedure which removed 60 ml of serous fluid. The patient is noted to have undergone multiple postoperative injections to the left knee in 2012. Repeat MRI studies of the left knee completed on 01/04/13 identified artifacts due to metallic devices in the anterior aspect of the distal femur. There were degenerative changes rated as mild in the medial and lateral compartments with marginal osteophyte formation and mild irregularity of the cartilage noted. Clinical evaluation on 01/16/13 stated that the patient has had continued pain in the left knee despite multiple steroid injections. No physical examination was performed at this visit. The patient returned on 02/27/13 and underwent ultrasound guided aspiration and a steroid injection. No physical examination was performed. The patient was recommended for a left total knee replacement which was denied by utilization review on 01/22/13 as there was no current height or weight or BMI reported as recommended by current evidence based guidelines. The request was again denied by utilization review on 02/13/13 as there was no documentation regarding regular use of anti-inflammatories and BMI was not documented.

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

The patient has had ongoing complaints of left knee pain despite multiple injections and a previous surgery which included a tilt up patellofemoral arthroplasty in the left knee in 02/12. The most recent imaging studied revealed mild arthritic changes within the medial and lateral compartments of the left knee; however, there is no updated objective finding regarding significant loss of range of motion or crepitus that would support a total knee replacement at this time. It is unclear from the clinical documentation what medications the patient has been routinely using including anti-inflammatories. There is no documentation regarding failure of viscosupplementation injections and current BMI or height or weight was not provided as previously identified by prior reviews. As the clinical documentation submitted for review does not meet current evidence based guideline recommendations regarding total knee arthroplasty procedures, it is the opinion of this reviewer that medical necessity is not established.

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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

Official Disability Guidelines, Online Version, Knee & Leg Chapter

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](#))