



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 12, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Total left knee replacement 27447, 20902, 20680, APPEAL Surgical Assistant and APPEAL 3 Days inpatient medically necessary?

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer of this case is a board certified orthopedic surgeon and is currently licensed and practicing in the State of Texas.

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

Type of Document Received	Date(s) of Record
Operative report	02/04/2012
Operative report	02/24/2012
Office visit	03/19/2012
Office visit	03/20/2012
Office visit	03/21/2012
Outpatient therapy requisition	03/23/2012
Office visit	03/28/2012
Office visit	04/11/2012
Office visit	05/14/2012
DWC-73	05/14/2012
Office visit	07/17/2012
X-ray of left knee	07/17/2012
X-ray of left tibia/fibula	07/17/2012
Office visit	08/17/2012



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Office visit	10/17/2012
Office visit	11/07/2012
A letter	11/26/2012
A letter	11/27/2012
A letter	12/12/2012
Notification of adverse determination/partial	12/13/2012
An IRO request for denied services of “Total left knee replacement 27447, 20902, 20680, APPEAL Surgical Assistant and APPEAL 3 Days inpatient medically necessary?”	01/23/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who injured his left knee on xx/xx/xx when he fell from the truck and sustained fracture of his tibia. Subsequently, he had external fixation on left lower extremity on 02/04/2012 and then removal of external fixator and ORI of left tibial plateau fracture on 02/24/2012. He was then seen who recommended physical therapy and to remain non-weightbearing. He completed the physical therapy but continued to have left knee pain, decreased range of motion, and swelling. He was then seen who recommended 2nd opinion by another orthopedic surgeon evaluation,. On 11/07/2012, he was seen who recommended removal of internal fixation plate and screws and conversion to a constrained total knee replacement.

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

I was involved in a major trauma article on tibial plateau fractures. The outcome of tibial plateau fractures has a very high degree of arthritis due to damage to the articular surface. These cases require total knee replacement as the preferred treatment regardless of age. The ODG do not specifically relate to tibial plateau fractures.

ODG states the length of stay for TKR is 3 days, which is within the requested time frame.

A surgical assistant required during a TKR. A certified nurse assistant, resident in training, orthopedic technician, or physician assistant would be adequate.

ODG Criteria for Knee arthroplasty:

Bicompartmental knee replacement: Not recommended. See separate entry for Bicompartmental knee replacement.



MEDICAL EVALUATORS OF TEXAS ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Obesity: After total knee arthroplasty (TKA) for osteoarthritis of the knee, obese patients fare nearly as well as their normal-weight peers. A British research team reports that higher BMI (up to 35) should not be a contraindication to TKA, provided that the patient is sufficiently fit to undergo the short-term rigors of surgery. TKA also halts the decline and maintains physical function in even the oldest age groups (> 75 years). (Cushnaghan, 2008) In this study, the rate of failure of total knee implants, at least up to 5 years after surgery, and the time to failure, were not influenced by patients' BMI, except for subjects affected by morbid obesity, but this group had a small sample size. Based on this evidence, however, it does not appear justified to give low priority to obese subjects for total knee arthroplasty, which would, as a result of restored ability to move, lead to weight loss. (Bordini, 2009) Obese patients presented for and underwent joint replacement surgery at a younger age as compared to nonobese patients. (Gandhi, 2010) Adverse events (eg, perioperative complications, post-op wound infections) occurred in 14.2% of the non-obese, 22.6% of the obese and 35.1% of the morbidly obese patients after total knee replacement. (Dowsey, 2010) A 2-year review of knee and hip replacement surgeries found that complication rates in obese patients were low, supporting doing the procedures even in the heaviest patients, but the review did show that hospital stays were longer in those who were obese than in those who were not. (Parks, 2010) Obese patients may have clinically significant weight loss after total joint arthroplasty, since their osteoarthritis had limited their mobility and ability to exercise. When weight was corrected for natural gain, the overall study population had a trend toward weight loss, and 19.9% of the study population had clinically significant weight loss. (Stets, 2010) Obese patients are nearly twice as likely to incur infection after a total knee replacement, more than 2 times likely to incur deep infection, and slightly more likely to require a surgical revision than those who are not obese, according to a meta-analysis, but even with an elevated complication rate, total knee replacements provide an important improvement for patients with a high BMI. ([Kerkhoffs, 2012](#))

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.



MEDICAL EVALUATORS OF TEXAS ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

(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 (\pm 0.0); discharges 615,716; charges (mean)
\$44,621

Best practice target (no complications) -- 3 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)**

American Journal of Orthopaedics. 27:512-519, 1998

R. Schawartsman, M.R. Brinker, R. Beaver, D.D. Cox.