

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/11/2013

**IRO CASE #:**

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

Left total knee replacement in-patient basis

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

Board Certified Orthopedic Surgery

**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  
Radiographs of the chest dated 03/15/11  
Laboratory studies dated 03/15/11  
Physical therapy discharge summary dated 08/19/11  
Handwritten clinical reports dated 06/04/07 – 10/24/12  
MRI left knee dated 04/20/09  
MRI left knee dated 02/09/11  
MRI right shoulder dated 01/04/13  
MRI left knee dated 09/26/11  
Radiographs left knee dated 11/29/12  
Operative report dated 03/18/11  
Clinical reports from Orthopedics dated 06/04/08 – 01/02/13  
Prior utilization reviews dated 08/09/11 – 01/03/13  
Designated doctor's evaluations by Dr. dated 08/26/11 and 12/12/11  
Post-DDE required medical examination by Dr. dated 04/30/12  
Designated doctor's evaluation by Dr. dated 11/15/12  
MMI determination by Dr. dated 01/11/13  
MRI Right Shoulder without Contrast for Patient dated 01/04/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx. The patient was reported to have fallen off a ladder, sustaining injuries to the left knee and low back. The patient is status post

diagnostic arthroscopy with tri-compartmental synovectomy with chondroplasty of the medial and lateral femoral condyles in 03/11. The patient resumed postoperative physical therapy in 04/11 and 05/11. Postoperatively, the patient continued to have left knee pain and underwent a steroid injection of the left knee on 09/01/11. It does appear that the patient had an interval injury during postoperative physical therapy. MRI of the left knee dated 09/26/11 revealed prior medial and lateral meniscectomies with little remaining substance within the mid-third segment of either meniscus. There was tri-compartmental joint arthrosis with a previous distal femoral osteotomy present and subsequent removal of a medial plate device. The osteotomy appeared well-healed. There was moderately severe lateral compartment arthrosis with approaching grade IV chondromalacia noted between the lateral tibial spine and lateral femoral condyle. There was subchondral cyst formation in the lateral tibial spine as well as in the weightbearing surface of the lateral femoral condyle. Moderate diffuse cartilage thinning in the medial compartment was noted and there was grade III chondromalacia of the medial patellar facet. A small amount of knee joint effusion was noted. The patient was recommended for further arthroscopy to address the patient's reported suprapatellar pain and postoperative adhesions. This was not certified through utilization review. The patient was subsequently recommended for total knee replacement. The clinical note on 04/17/12 did indicate that the patient was placed in an unloader brace for the left knee. The patient continued to report moderate knee joint discomfort. No physical examination was performed at this visit. The patient was then recommended for Synvisc injections which were performed on 07/11/12. Clinical note on 09/26/12 indicated that the patient had no response to Synvisc injections and the patient was again recommended for total knee replacement. The patient was seen for a designated doctor's evaluation on 11/15/12. The patient reported no significant benefits from physical therapy or the Synvisc injection. The patient continued to complain of pain in the left knee and difficulty climbing stairs. The patient's physical examination revealed an antalgic gait. There was tenderness to palpation over the medial and lateral aspects of the left knee. Positive McMurray's sign was noted and there was mild crepitation present in the left knee. There was decreased range of motion in the left knee as compared to the right. Strength in the lower extremities was intact and the patient could perform heel and toe walking with no difficulty. The patient was placed at MMI with a 0% whole person impairment at this visit. Radiographs of the left knee completed on 11/29/12 revealed evidence of mild tri-compartmental degenerative joint disease in the left knee. The clinical note from Orthopedics dated 01/02/13 did not contain a physical examination and the patient was again recommended for a total knee arthroplasty for the left knee. A MMI determination by Dr. completed on 01/11/13 reported slight lateral give of the left knee with a distinct endpoint. No obvious deformity, swelling, effusion, or discoloration to the left knee were noted. There was pain noted with Apley's compression test and there was moderate patellofemoral crepitation. Range of motion was intact. The patient was placed at a statutory MMI.

The request for a left total knee replacement was denied by utilization review on 11/13/12 as there was no recent documentation noting objective exam findings for the patient.

The request was again denied by utilization review on 12/05/12 as there was no updated objective physical examination and the patient is younger than 50.

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

Based on the clinical documentation provided for review including imaging studies and the most recent designated doctor's evaluation, the requested left total knee replacement would be supported as medically necessary. At this point in time, the patient has exhausted a significant amount of both conservative treatment and operative care. The MRI studies from 09/11 revealed extensive tri-compartmental osteoarthritis, most significant at the lateral compartment and patellofemoral compartment. There was cartilage thinning within the medial compartment, although there were no high-grade cartilage lesions. Updated radiographs of the left knee from 11/12 continued to show tri-compartmental osteoarthritis. The patient did not improve with physical therapy or a Synvisc injection. Per the designated doctor's evaluation completed by Dr., the patient had noted crepitus with range of motion in the left knee as well as an antalgic gait. The patient did have good range of motion; however,

there was pain with Apley's compression test. The patient is also noted to have utilized an unloader brace with no long-term improvements. Per Dr. designated doctor's evaluation, the patient did have a BMI of less than 35. It is noted that the patient is younger than xx years old. In this case, the patient does not fit the exact guideline recommendations set forth by the Official Disability Guidelines; however, the Official Disability Guidelines are guidelines. This patient would be considered an outlier to ODG recommendations and given the extensive conservative treatment that has resulted in no improvement in the patient's symptoms or objective findings, it is unlikely that further conservative treatment will result in any significant functional improvement. The patient does have diagnostic evidence of tri-compartmental osteoarthritis that has not responded to conservative treatment. There are no contraindications for surgery in this case as listed by current evidence based guidelines. In this reviewer's opinion, the requested left total knee arthroplasty would be supported as medically necessary and the prior denials are overturned.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA 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)