CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: February 11, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Total Knee Arthroplasty, inpatient length of stay 3 days (27447)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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:
07/22/10: MRI Right Knee w/3D interpreted
09/13/10: Medical Note
09/30/10: Right Knee Scope
10/13/10: Medical Note
10/27/10: Medical Note
11/11/10: Medical Note
12/02/10: Medical Note
01/06/11: Medical Note
01/26/11: MRI of the Right Knee
02/02/11: Medical Note
03/08/11: Consultation
04/12/11: Re-evaluation
05/02/11: Re-evaluation
06/09/11: Operative Report

09/13/11: Re-evaluation
02/02/12: Re-evaluation
04/24/12: Follow-Up Evaluation
05/24/12: Re-evaluation
05/30/12: Follow-Up Evaluation
08/20/12: Orthopedic Report
08/20/12: Orthopedic Consult
09/17/12: Orthopedic Report
09/21/12: Orthopedic Report
10/01/12: Orthopedic Report
10/08/12: Orthopedic Report
11/02/12: Right Knee Arthrogram
11/02/12: MR Arthrogram Right Knee
11/16/12: Orthopedic Report
11/30/12: UR performed
12/17/12: Orthopedic Report
12/18/12: Orthopedic Report
01/17/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was unloading some heavy bags on xx/xx/xx when she experience pain in her right knee. She was initially treated and received physical therapy and Medrol Dosepak. During this time she required the use of a cane. She then came under the care who performed corticosteroid injections and she then underwent arthroscopic evaluation of her knee. She still had right knee complaints following surgery and then was referred.

On July 22, 2010, MRI Right Knee, Impression: 1. Contusion of the posterior cruciate ligament is seen. 2. A small oblique tear is noted in the tibial surface of the posterior horn of medial meniscus. 3. Chondromalacic changes of patella. 4. Partial thickness cartilage loss with subchondral changes in lateral femoral condyle.

On January 26, 2011, MRI Right Knee, Impression: 1. There is a focal subchondral lesion that involves the medial aspect of the lateral femoral condyle. This may represent degenerative subchondral cystic change versus a subchondral contusion. 2. There is an oblique tear of the posterior horn of the medial meniscus, which reaches the inferior articular surface. 3. There is moderate chondromalacia patella with associated subtle degenerative subchondral cystic change involving the patellar apex. 4. Myxoid degeneration versus a subtle tear involves the lateral meniscus.

On March 8, 2011, the claimant was evaluated for a chief complaint of right knee pain rated 10/10. The claimant reported to have popping, clicking and grinding in the right knee with swelling. She used a cane for ambulation and also reported night pain. Diagnosis: 1. Chronic right knee pain. 2. Medial meniscal tear right knee-recurrent. 3. Right knee effusion. Plan: 3 options: 1. Live with the

symptoms, 2. Viscosupplementation, 3. Arthroscopic evaluation right knee-revision meniscectomy and indicated procedures.

On June 9, 2011, Operative Report Postoperative Diagnosis: 1. Right knee medial meniscal tear. 2. Lateral meniscal tear right knee. 3. Chondromalacia of patella. Procedure Performed: 1. Partial medial and lateral meniscectomy right knee. 2. Chondroplasty patella – Separate compartment. 3. Injection Depo-Medrol 80 mg by surgeon. Procedure in Detail: Patellofemoral compartment has grade ¾ chondral changes with patches of eburnated bone. Chondroplasty of patella is performed using a full-circumferential shaver. Medial compartment: Type 2/3 chondromalacia. Medial meniscal tear is present and partial medial meniscectomy is performed using a full-circumferential shaver. Lateral compartment: Type 2/3 chondromalacia. Unexpected intraoperative is a lateral meniscal tear and partial lateral meniscectomy is performed using a full-circumferential shaver.

On September 13, 2011, the claimant was re-evaluated who reported she had been compliant with physical therapy rehab program and complains of occasional right knee pain. On physical exam she had good quad strength, range of motion was 0 to 130 and stable. There was no medial or lateral joint line tenderness. Subtle quad atrophy. Plan: Continue rehab program.

On February 2, 2012, the claimant was re-evaluated for complaints of discomfort anterior and anterolateral aspect of the right knee. The claimant reported she limps after she walks about a mile and occasionally her knee swells. She did not use crutches or ambulatory devices. On physical exam her range of motion was 0 to 140. Her knee was stable in varus and valgus. No medial or lateral joint line tenderness. No crepitus. Mild tenderness to palpation inferior aspect and midpatellar tendon. Diagnosis: Chronic right knee pain. 2. Patellar tendon tendinitis right knee. 3. Patellar chondromalacia. 4. Status post arthroscopy and meniscectomy. Plan: felt she had reached maximum medical improvement. For occasional pain and discomfort he recommended nonsteroidal anti-inflammatories. He did state she may need possible viscosupplementation in the future.

On April 25, 2012, she was re-evaluated for complaints of right knee pain rated 9/10. It was reported that she had completed a work conditioning program with only very little pain relief. On exam patellar compression test was positive. There was moderate myospasms to the right knee anterior patella. Flexion was 100/139 with pain and discomfort. Diagnosis: IDS right knee status post. Plan: Further orthopedic recommendations.

August 20, 2012, the claimant had an orthopedic consult for continued complaints of right knee pain rated 8/10 with constant pain, discomfort with various movements, soreness, and stiffness. She also had complaints of popping and clicking sensation and difficulty bearing weight. On physical exam she had difficulty getting out of the chair and onto the examination table due to pain in her right knee. She had visible 1-2+ effusion. She had tenderness over the lateral

compartment. She had a positive patellar apprehension test; positive McMurray's and negative Lachman's. She had high levels of pain with varus and valgus stress. There was crepitus heard upon flexion and extension. Her gait was slow. She was unable to heel-to –toe walk, walk on toes and walk on heels due to pain in her right knee. Review of X-rays performed in the office revealed some decreased joint space height as well as some lateral patellar tilt. Impression: 1. Persistent pain status post right knee arthroscopy x2. 2. Medial meniscal tear, right knee, recurrent. 3. Chondromalacia of the patella, right knee. Plan: Supartz injections to her right knee, knee brace and a walking cane, potentially additional physical therapy.

On September 17, 2012, the claimant was re-evaluated who performed a Supartz injection.

On September 21, 2012, the claimant was re-evaluated who performed a second Supartz injection.

On October 1, 2012, the claimant was re-evaluated who performed a third Supartz injection. It was noted so far she had minimal improvement with the injections.

On October 8, 2012, the claimant was re-evaluated who performed a fourth Supartz injection. The claimant presented that day was right knee pain rated 9/10 with discomfort with various movements, soreness, and stiffness. She still had complaints of popping, locking, and feelings of giving way. On physical exam she had tenderness upon palpation with 1-2+ effusion noted. She had a highly positive patellar apprehension test. She had a positive McMurray's and negative Lachman's. She had high levels of pain with varus and valgus stress. There was crepitus hear upon flexion and extension. Plan: MR arthrogram.

On November 2, 2012, Right Knee Arthrogram, Impression: No meniscal tear demonstrated.

On November 2, 2012, MR Arthrogram Right Knee, Impression: 1. No communicating meniscal tear identified. 2. Major ligaments intact. 3. Chondromalacia patella. 4. Prominent popliteal cyst. FINDINGS: Patellofemoral mechanism: Grade 2-3 chondromalacia patella with subchondral marrow changes. Medial/Lateral joint compartments and surrounding soft tissues: Joint spaces and articular cartilages are maintained.

On November 16, 2012, the claimant was re-evaluated who reported she presented with right knee pain rated 9/10 with constant pain, discomfort with various movements, soreness, and stiffness. She had difficulty bearing weight as well as going up and down stairs. She was not able to kneel down due to persistent pain. On physical examination she had tenderness upon palpation. There was 2+ effusion noted. She continued to experience highly positive patellar apprehension test. There was crepitus herd upon flexion and extension. She had positive McMurray's and negative Lachman's. She had high levels of pain with varus and valgus stress. No instability noted. reported that an operative report

revealed the patellofemoral compartment had Grade IV chondral changes with patches of eburnated bone. The medial compartment revealed Type 3 chondromalacia with medial meniscal tearing present. Her lateral compartment revealed Type 3 chondromalacia. r further opined that she had undergone knee bracing, use of walking cane, and Supartz injections and she continued to remain symptomatic. recommended a total knee replacement to treat her tricompartmental chondromalacia as noted on his operative report.

On November 30, 2012, performed a UR. Rational for Denial: The Official Disability Guidelines recommend total knee replacement surgery for patients with 2 more effected compartments with prior conservative care. The patient has exhausted conservative measure with persistent right knee pain. However, imaging studies only reveal degenerative findings in 1 compartment. The patient had chondromalacia patella with the medial and lateral joint compartments maintained per the recent MR Arthrogram study on 11/02/12. There is also no documentation of the patient's current body mass index. The Official Disability Guidelines recommend a BMI of less than 35 prior to surgical intervention.

On December 17, 2012, the claimant was re-evaluated who responded to the initial denial by again stating the finding on arthroscopic images. also provided the claimant's current BMI of 34.5. She is 5 feet, 7 inches and weighs 220 pounds.

On January 17, 2013, performed a UR. Rational for Denial: The Office Disability Guidelines recommend a knee arthroplasty following conservative care with medications and injections with subjective complaints of limited range of motion, nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating the necessity of intervention for patients over 50 years old with a body mass index of less than 35 with imaging studies of osteoarthritis on standing x-rays or arthroscopy. The patient is noted to have failed conservative treatment. She is not noted to have limited range of motion of the right knee, nor is she noted to complain of nighttime pain. She is noted to be over xx years old and to have a body mass index of less than 35; however, the MR arthrogram performed on 11/02/2012 noted only patellofemoral chondromalacia, and although the arthroscopy of 06/2011 noted chondromalacia of the medial and lateral compartments, the patient was also noted to have undergone cartilage shaving on that date and the MR arthrogram of 11/02/2012 noted that there was no chondromalacia of the medial and lateral joint compartments, and the joint spaces were maintained. As such, the request for a total knee arthroplasty does not meet guideline recommendations.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld. During the arthroscopy in June of 2011, Type 2/3 Chondromalacia was noted in the medial and lateral compartments. However, the MR arthrogram performed on 11/02/2012 noted

only patellofemoral chondromalacia and that there was no chondromalacia of the medial and lateral joint compartments, and the joint spaces were maintained. Based on ODG Criteria, the claimant has failed conservative care including medications and injections. However, the medical records provided did not contain documentation of current range of motion deficits, nor did they document recent nighttime joint pain, therefore, the claimant does not meet ODG Criteria 2 for subjective clinical findings. The claimant does satisfy ODG Criteria 3, in that she is over 50 years of age and has a Body Mass Index just slightly less than 35. At this time the request for Right Total Knee Arthroplasty does not meet all of the criteria found under ODG Indications for Surgery – Knee Arthroplasty and therefore is not found to be medically necessary. There was also a request for inpatient length of stay 3 days (27447). As the Arthroplasty is not approved, then the length of stay would also not be approved although it does fall within ODG guidelines.

PER ODG:

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.
(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 (± 0.0); discharges 615,716; charges (mean) $44,621
Best practice target (no complications) -- *3 days*
Revise Knee Replacement (*81.55 - Revision of knee replacement, not otherwise specified*)
Actual data -- median 4 days; mean 4.8 days (±0.2); discharges 4,327; charges (mean) $60,129
Best practice target (no complications) -- *4 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)**