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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

**Date notice sent to all parties:** 01/28/13

**IRO CASE #:**

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

Left knee unicompartmental replacement

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

Board Certified in 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 of the health care services in dispute.

Left knee unicompartmental replacement - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Reports dated 05/05/11, 05/16/11, 07/05/11, 07/19/11, 08/18/11, 08/26/11, 09/08/11, 09/22/11, 09/30/11, 10/07/11, 10/24/11, 11/10/11, 12/12/11, 12/22/11, 02/02/12, 03/27/12, 05/24/12, 05/31/12,  
MRIs of the left knee dated 05/12/11 and 12/20/11  
Operative report dated 07/13/11  
Reports dated 02/27/12, 06/04/12, 07/10/12, and 01/07/13

Letters from OIEC dated 06/12/12 and  
Peer Review dated 06/14/12 and 07/10/12  
Physician's Statement of Continued Disability dated 06/19/12  
Benefit Dispute Agreement dated 12/04/12  
Preauthorization intake forms dated 12/05/12 and 12/12/12  
Adverse Determinations letter dated 12/10/12 and 01/08/13  
Amended Adverse Determination letter from IMO dated 12/11/12  
The Official Disability Guidelines (ODG) were not provided by the carrier or the  
URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 05/05/11 examined the patient. He was carrying a piece of xx and tripped on uneven ground and fell, twisting his left knee. He had a history of prior right knee arthroscopy. Range of motion was from 0 to 120 degrees and there was medial joint line tenderness with a positive McMurray's. X-rays showed mild to moderate osteoarthritic changes in the medial compartment with mild osteopenia. The assessment was a left sprain of the MCL and a possible medial meniscal tear. An MRI was recommended and a knee brace was provided. A left knee MRI on 05/12/11 revealed a horizontal tear in the posterior horn of the medial meniscus extending into the inferior articular surface. There were degenerative arthritic changes in the medial compartment and grade III to IV chondromalacia changes in the medial compartment. There were bony contusion changes in the upper tibia and mild MCL strain. There was a small amount of joint effusion mostly in the lateral suprapatellar recess. reexamined the patient on 07/05/11 and reviewed the MRI. It was noted he had been attending therapy and arthroscopy was recommended for the right medial meniscus, but noted there was nothing he could do for the arthritic changes. performed left partial medial meniscectomy on 07/13/11. On 08/18/11, noted the patient had completed his therapy and he had some soreness around the front of his knee. Range of motion was from 0 to 120 degrees. Home exercises were recommended and he was returned to full duty. On 08/26/11, the patient noted he had returned to work and could not handle the load and he had knee pain that made it difficult for him to walk. There was a moderate effusion in the knee with range of motion from 0 to 120 degrees. An arthrocentesis with steroid injection was performed. 70 cc's of clear yellow fluid was collected. On 09/30/11, the patient informed that the majority of his pain was in the front of his knee. He was also having swelling and tightness. Additional aspiration with steroid injection was performed. The patient returned on 10/24/11 and he was essentially unchanged. Range of motion was from 0 to 115 degrees with a small effusion. He was given a prescription for a neoprene sleeve and was advised to take an over-the-counter non-steroidal anti-inflammatory. On 11/10/11 performed another arthrocentesis and steroid injection. 62 cc's of clear fluid was removed. An MRI of the left knee was obtained on 12/20/11. There was a stable horizontal tear of the posterior horn of the medial meniscus extending to the inferior articular surface and a moderate suprapatellar joint effusion. There was full thickness cartilage loss with bone-on-bone articulation of the medial compartment of the knee. There was a chronic strain of the MCL noted.

reviewed the MRI on 12/22/11. A knee aspiration with steroid injection was again performed. He noted at the next visit, if he did not improve, repeat arthroscopy might be necessary. performed a second opinion on 02/27/12. He recommended a unicompartmental knee replacement and did not feel Euflexxa or Synvisc injections would resolve the problem. On 03/27/12, discussed the unicompartmental replacement with the patient and he wished to proceed. Ultracet was prescribed. On 06/04/12, noted he felt on the date of injury, the patient injured the surface of the joint. He again recommended the unicompartmental replacement. A benefit dispute agreement dated 12/04/12 noted the parties agreed that the compensable injury of 05/03/11 did include a horizontal tear of the medial meniscus, aggravation of the left knee medial compartment osteoarthritis, and aggravation of the degenerative disease of the left knee. On 12/05/12 and 12/12/12, provided preauthorization requests for the unicompartmental replacement of the left knee. On 12/10/12 on behalf of provided an adverse determination letter for the requested left knee unicompartmental replacement. On 01/08/13 also on behalf of provided another adverse determination letter for the requested left knee unicompartmental replacement.

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

Based on the documentation reviewed at this time, it does not appear the patient has exhausted all forms of conservative care as recommended by the ODG prior to proceeding with a unicompartmental knee replacement. The last medical examination provided for my review was dated 03/27/12. There is no documentation of his range of motion on that date, but it did state he had a small effusion. Evaluations prior to that note range of motion of the left knee from 0 to 115 or 120 degrees. In his evaluations notes that conservative treatment, such as non-steroidal anti-inflammatory medications and Visco supplementation were likely not to be successful. However, the patient has not received the appropriate conservative care prior to undergoing a unicompartmental replacement as noted above. It is not clear based on the documentation reviewed, if he has had a recent trial of non-steroidal anti-inflammatories and/or the response to such. The last documented medication prescribed to him was Ultracet on 03/27/12. He also has not undergone a trial of Visco supplementation, such as Synvisc or Euflexxa injections. Therefore, at this time, the patient does not meet the ODG criteria for a left knee unicompartmental replacement and the previous adverse determinations should be upheld.

**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)**