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Notice of Independent Review Decision

Date notice sent to all parties: 01/30/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT scan of the left knee

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:

X 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.

CT scan of the left knee - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRIs of the left knee dated 09/30/08, 04/20/09, 10/26/10, and 04/12/12
Reports from M.D. and M.D. dated 02/07/09, 04/16/09, 04/28/09, 04/30/09, 05/21/09, 06/11/09, 06/24/09, 07/07/09, 08/04/09, 09/01/09, 10/27/09, 12/03/09, 12/17/09, 01/07/10, 02/17/10, 03/16/10, 04/15/10, 05/11/10, 05/17/10, 05/28/10, 06/14/10, 07/13/10, 08/16/10, 09/16/10, 10/14/10, 11/30/10, 12/09/10, 12/30/10, 12/30/10, 02/17/11, 03/21/11, 04/21/11, 05/26/11, 07/26/11, 09/09/11, 10/11/11, 11/15/11, 12/22/11, 01/03/12, 01/20/12, 02/07/12, 04/02/12, 05/07/12, 06/11/12, 07/30/12, 09/26/12, and 12/03/12
EMG/NCV studies dated 05/28/09 and 01/27/11
CT scans of the left knee dated 09/15/09 and 11/25/09
X-rays of the left knee dated 09/15/09, 09/20/10, and 12/28/11
Report from M.D. dated 09/30/10
Report from M.D. dated 06/22/12
Preauthorization request dated 08/01/12 and 12/11/12
Utilization Review Determinations from Inc. dated 12/14/12 and 01/11/13
A request for reconsideration from Dr. dated 01/03/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the left knee on xx/xx/xx revealed a limited evaluation due to the patient's hardware related to her tibial plateau fracture and a fracture plane was still visible within the lateral tibial plateau. The cruciate ligaments were intact and the menisci were obscured due to the metallic hardware. Dr. examined the patient on 02/27/09. It should be noted the majority of Dr. notes were handwritten and very difficult to read. She had fallen during a marketing call at work in xx/xx . She had persistent pain in the knee, leg, and ankle, along with swelling. She walked with a cane because her knee was unstable. A second opinion was recommended. An MRI of the left knee was performed on 04/20/09 and revealed post surgical changes of the proximal tibia and intrasubstance degeneration involving the medial mensicus without evidence of a tear. On 05/21/09, Dr. documented reduced range of motion of the knee and tenderness to palpation of the medial joint line. She was prescribed a wheelchair and referred to her PCP for high blood pressure. M.D. interpreted an EMG/NCV study on 05/28/09 and it showed evidence of bilateral sural and left superficial peroneal sensory neuropathy. The EMG showed evidence of moderate acute left S1-S2 radiculopathy. A CT scan of the left knee dated 09/15/09 revealed postsurgical changes with subchondral screws at the tibial plateau, as well as the cortical track along the lateral diaphyseal metaphyseal portion of the proximal tibia. The articular surface of the tibial plateau appeared

unremarkable. There were minimal degenerative changes and there was no evidence of an acute, fracture, dislocation, or loose bodies. On 10/27/09, Dr. documented decreased range of motion with flexion. She was awaiting an ESI and approval for therapy. A CT scan of the left knee dated 11/25/09 revealed the previous internal fixation of tibial fracture and a small residual cortical fragment was noted anteromedially, which might be a posttraumatic appearance. Dr. noted they were still waiting for therapy to be approved on 12/17/09. Range of motion was decreased. A left knee brace was continued. On 04/15/10, the patient returned for a refill of her medications. She stated her knee was still popping and catching, but it was better with the cream. She was scheduled for surgery (not specified) on 05/07/10. Darvocet N-100 was prescribed. On 09/16/10, the patient informed Dr. that Voltaren gel was no longer helpful. Propoxyphene was prescribed. X-rays of the left knee dated 09/20/10 revealed a post fracture deformity of the tibial plateau. Dr. examined the patient on 09/30/10. She was five feet seven inches tall and weighed 200 pounds. Flexion was to 120 degrees, but there was deformity between 25 and 30 degrees. There was wasting of the muscles above the knee. She had screws removed from her knee. He recommended a diagnostic arthroscopy with stem cell injection prior to a total knee arthroplasty. An MRI of the left knee on 10/26/10 revealed severe narrowing of the medial tibiofemoral joint space with a suspected complex tear of the anterior horn and body of the medial mensicus. There was a step off deformity of the medial most tibial plateau. An EMG/NCV study on 01/27/11 revealed lumbar radiculopathy at L4 on the right. Dr. reexamined the patient on 02/17/11. She requested a new brace and was not using a cane. She inquired about authorization for surgery. Keflex was prescribed for the sore caused by her brace and she was referred to an orthopedist. Voltaren gel was also refilled. On 07/26/11, Dr. refilled Voltaren gel. On 11/15/11, the patient described a painful and stiff knee and requested strong pain medications. Her examination was unchanged. An MRI dated 04/12/12 was essentially unchanged from the previous. On 05/07/12, Dr. refilled Voltaren gel and referred her to an orthopedist. Dr. examined the patient on 06/11/12. She had left knee pain and complained of numbness and tingling down to the toes. She noted she had fallen three times in the last week. She had decreased range of motion and tenderness to the tibial plateau region. Tylenol and an EMS unit were prescribed. Dr. examined the patient on 06/22/12. X-rays were recommended and a 3D CT scan was recommended, as well. He noted he would make plans for surgery after he reviewed the diagnostics. On 07/30/12, the patient informed Dr. that she had less tingling, but more numbness to her

toes. Voltaren was refilled. On 09/26/12, the patient stated she had fallen on xx/xx/xx and went to the emergency room the next day because her pain was so high "she was about to have a heart attack". They would await surgery. On 12/03/12, her complaints were unchanged, as was her examination. She was referred back to the orthopedist. On 12/11/12, Dr. provided a preauthorization request for a 3D CT scan of the left knee with x-rays. On 12/14/12, M.D., on behalf of Health Direct, provided a non-authorization for the requested CT scan. On 01/03/13, Dr. provided a request for reconsideration, noting the CT scan would provide a more detailed interior view of the knee allowing for a more accurate diagnosis and appropriate surgical planning. On 01/11/13, D.O., also on behalf of provided an adverse determination for the requested CT scan.

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

The patient is a obese female with a height of five feet six inches tall and a weight of 220 pounds who was reported to have sustained a work related fall. She subsequently underwent open reduction internal fixation of the lateral tibial plateau fracture on 01/05/08. This was followed by a left knee arthroscopy with partial medial meniscectomy and chondroplasty on 11/10/08 and a third procedure for hardware removal in May 2010. She has also underwent two separate sets of lower extremity electrodiagnostic studies for MRI scan and two CT scans since the compensable injury.

The ODG recommend the use of computer tomography as an option for pain after total knee arthroplasty with negative radiographs or loosening. One study recommends using CT scan examination of patients with painful knee prosthesis and equivocal radiographs particularly for: (1) loosening to show the extent and width of lucent zones that may be less apparent on radiographs; (2) osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) assessing rotational alignment of the femoral component; (4) detecting subtle or occult periprosthetic fractures (Weissman 2006). Three-dimensional CT scan is not recommended for routine preoperative templating in total knee arthroplasty (Davis 2010, Kobayashi, 2012, Nowakowski 2012). Three-dimensional CT scan is not recommended for routine presurgical planning prior to total knee

arthroplasty. The current trend in implant design addresses individual variation with 3D modeling tomographic scans. While these may eventually turn out to be worthwhile, their use is currently limited by their expense and debated clinical significance (Davis 2010). Results do not support the superiority of 3D preoperative templating over 2D conventional evaluation in predicting implant size, and 3D templating may not be necessary for preoperatively predicting implant size in total knee arthroplasty (Kobayashi, 2012). Precise alignment of transversal support can be achieved during implantation with a conventional aiming device assuming the bony landmarks are appropriately recognized versus 3D reconstruction of computed tomographic image sequences (Nowakowski, 2012).

As noted above, the patient does not meet the criteria as outlined by the evidence based ODG for a CT scan. In addition, this patient has undergone four prior MRI scan and two prior CT scans which have not shown a significant difference between the findings. Therefore, the requested CT scan of the left knee is not reasonable or medically necessary and the previous adverse determinations should be upheld at this time.

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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

X 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)