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### Notice of Independent Review Decision

**Date notice sent to all parties:** 02/14/13

**IRO CASE #:**

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

Inpatient medial unicompartmental arthroplasty versus total knee arthroplasty with three day length of stay

**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.

Inpatient medial unicompartmental arthroplasty versus total knee arthroplasty with three day length of stay - Upheld

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

Notice of Injury dated 10/02/11  
Reports dated 10/02/11, 10/09/11, 10/19/11, 10/31/11, 11/22/11, 12/07/11, 01/09/12, 02/09/12, 03/08/12, 04/09/12, 05/21/12, 08/11/12, 08/24/12, 11/26/12, and 12/26/12

Physical therapy evaluations dated 10/25/11, 02/24/12, 04/09/12, and 06/28/12  
CT scan of right lower extremity dated 11/04/11.  
Physical therapy notes dated 11/01/11, 11/03/11, 11/08/11, 11/10/11, 11/15/11, 11/17/11, 11/22/11, 11/25/11, 12/01/11, 12/06/11, 12/08/11, 12/13/11, 06/22/12, 06/25/12, 06/29/12, 07/02/12, 07/03/12, 07/06/12, 07/09/12, 07/11/12, 07/12/12, 07/16/12, 07/18/12, 07/26/12, 07/30/12, 08/01/12, 10/02/12, 10/09/12, 10/11/12, 10/12/12, 10/15/12, 10/17/12, 11/21/12, 11/27/12, 11/28/12, 11/29/12, 12/04/12, 12/05/12, 12/06/12, 12/10/12, 12/11/12, 12/12/12, 12/17/12, and 12/18/12  
Reports dated 12/06/11, 01/17/12, and 02/14/12  
Nursing Intake Documentations and Order Summaries dated 12/06/11, 01/17/12, 02/14/12, 03/27/12, and 12/03/12  
Patient Intake Form dated 12/06/11  
X-rays of the right knee dated 12/06/11 and 10/01/12  
Medication Profile dated 01/16/12 and 10/16/12,  
Approval of a request for a DDE on 02/15/12  
Designated Doctor Evaluation dated 03/05/12  
DWC-69 form dated 03/05/12  
Reports dated 04/13/12, 05/04/12, 05/07/12, 05/16/12, 06/08/12, 06/13/12, 06/27/12, 07/11/12, 07/25/12, and 08/08/12  
Operative report dated 05/03/12  
Request for therapy dated 10/01/12  
Reports dated 10/01/12 and 12/03/12  
FCE dated 10/23/12  
Notices of Utilization Review Findings dated 11/05/12, 01/10/13, and 01/24/13  
Preauthorization request dated 01/07/13  
The Official Disability Guidelines (ODG) criteria used was not provided by the carrier or the URA

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

examined the patient on 10/02/11. She noted she slipped on a wet floor and impacted her knee and hit her right elbow against the sink. She diminished range of motion of the right knee with tenderness, but no swelling. The diagnoses were a contusion of the knee, knee strain, and contusion of the right elbow. Ultram was prescribed. A CT scan of the right lower extremity on 11/04/11 revealed no fracture and a small amount of fluid along the anterolateral aspect of the knee. Subtle ligamentous injuries could not be excluded with CT, but there were no obvious ligament or tendon tears seen. The patient attended therapy on 11/01/11, 11/03/11, 11/08/11, 11/10/11, 11/15/11, 11/17/11, 11/22/11, 11/25/11, 12/01/11, 12/06/11, 12/08/11, 12/13/11, 06/22/12, 06/25/12, 06/29/12, 07/02/12, 07/03/12, 07/06/12, 07/09/12, 07/11/12, 07/12/12, 07/16/12, 07/18/12, 07/26/12, 07/30/12, 08/01/12, 10/02/12, 10/09/12, 10/11/12, 10/12/12, 10/15/12, 10/17/12, 11/21/12, 11/27/12, 11/28/12, 11/29/12, 12/04/12, 12/05/12, 12/06/12, 12/10/12, 12/11/12, 12/12/12, 12/17/12, and 12/18/12. On 12/06/11, noted the patient was four feet eleven inches tall and weighed 200 pounds. She had functional range of motion of the right knee, but extension was limited minus 10 degrees. Knee strength was 3/5. Therapy was recommended and she was given a brace. X-

rays on 12/06/11 revealed the joint space was maintained and no fractures, marginal spurring, or erosions. On 01/17/12, reexamined the patient. The impression was anteromedial rotatory instability of the right knee. She was given a long leg cylinder cast and asked to return in three weeks. On 02/14/12, the patient informed the cylinder cast helped her pain and she was more stable to abduction. Physical therapy was ordered. On 04/09/12, noted the patient would likely need arthroscopy and was referred for a second opinion. performed right knee EUA, arthroscopy, debridement, and chondroplasty of the medial femoral condyle defect with osteochondritis desiccans on 05/03/12. On 05/16/12, removed the patient's sutures and she had almost full extension and could flex to 95 degrees. On 06/08/12, she presented early because she was concerned about swelling. She did have some effusion, but no erythema and very little tenderness. Range of motion was unchanged. She was informed the swelling was not uncommon. reexamined the patient on 06/27/12. She was concerned about her pain and not being able to stop using crutches. She had almost full extension and could flex to 95 degrees. She was advised to wean out of her crutches and attend therapy. informed the patient she was not progressing as expected and it was possible her chondroplasty might have failed. He noted her next step would be a knee replacement surgery. Work restrictions were provided. On 07/25/12, the patient was still unable to successfully ambulate without two crutches. She was referred for a second opinion regarding knee replacement surgery. Work restrictions were continued. A right knee x-rays dated 10/01/12 revealed minimal degenerative changes and prominent soft tissue density at the suprapatellar region/anterior distal thigh. examined the patient on 10/01/12. She was significant weightbearing pain in the medial joint line with full extension. She was a one pack a day smoker and had been for 30 years. She had an external rotational deformity of the right lower extremity where she rotated outwards at the hip, placing valgus stress on her knee to avoid weightbearing on the medial compartment. Flexion was 105 degrees and she had minimal medial compartment laxity. recommended weight loss, quadriceps strengthening, and hamstring stretching. The patient underwent an FCE on 10/23/12 and she was functioning in the sedentary physical demand level. On 12/03/12, the patient returned to Dr. Brindley and he felt she was a reasonable candidate for possible medial compartment knee arthroplasty versus a total knee replacement. provided a Notice of Utilization Review Findings on 01/10/13, non-authorizing the requested right knee procedure. also on behalf of, provided another Notice of Utilization Review Findings on 01/124/13, non-authorizing the requested inpatient medial unicompartmental arthroplasty or total knee replacement with three day length of stay.

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

The patient is a morbidly obese (four feet, eleven inches and a weight of 214.5 pounds) female who is reported to have sustained a work related injury on 10/02/11. The mechanism of injury was a slip and fall on a wet floor, impacting her right knee and striking her right elbow against the sink. Her right knee

examination on 10/02/11 documented no swelling, anterior tenderness, slightly decreased flexion, no bruising or ecchymosis, and intact skin otherwise. There is no objective medical documentation to support an injury greater than that. She subsequently underwent a right knee arthroscopy with chondroplasty of a medial femoral condyle and osteochondritis desiccans lesion on 05/03/12.

She has continued with symptoms despite at least 44 documented formal physical therapy sessions since the injury. She was subsequently referred who has requested the above procedure despite x-rays which have only documented minimal arthrosis. The requested procedure was denied on initial review on 01/10/13. recommendation was upheld on reconsideration/appeal on 01/24/13. Both reviewers attempted a peer-to-peer without success and cited the evidence based ODG criteria as the basis of their opinions.

Unicompartmental knee replacement is recommended as an option in the following situation: Unicompartmental knee replacement is effective on patients with knee osteoarthritis restricted to a single compartment (Zhang 2008). In this randomized clinical trial, the early results demonstrated that the unicompartmental knee replacement group had less complications and more rapid rehabilitation than the total knee replacement group. At five years, there were an equal number of failures in the two groups, but the unicompartmental group had more excellent results and greater range of motion. The 15 year survivorship rate based on revisions or failure for any reason was 89.8% for unicompartmentals and 78.7% for total knee replacements. The better early results with unicompartmental replacements are maintained at 15 years with no greater failure rate (Newman 2009). Long term studies are needed to appropriately define the role of less invasive unicompartmental surgical approaches (Boris 2008). Unicompartmental knee arthroplasty and total knee arthroplasty are both recommended for the treatment of medial compartment arthritis in the varus knee. Citing the arduous rehabilitation and bone loss associated with traditional knee arthroplasties, some opt for unicompartmental arthroplasty, especially in young high demand patients (McAllister 2008). With appropriate patient selection, unicompartmentals are a successful option with arthritis (Dalury 2009). The ODG indication for surgery, in particular knee arthroplasty, includes the following:

The criteria for knee joint replacement (If only one compartment is affected, a unicompartmental or partial knee replacement may be considered. If two of the three compartments are affected, a total joint replacement is indicated).

The criteria:

1. Conservative care: Medications and Visco supplementation or steroid injections PLUS,
2. Subjective clinical findings to include limited range of motion less than 90 degrees for total knee replacement and night-time joint pain and no pain relief with conservative care and documented patient current functional limitations demonstrating necessity of intervention PLUS,

3. Objective clinical findings to include over 50 years of age and body mass index of less than 35 where increased BMI poses elevated risk for postoperative complications PLUS

4. Imaging clinical findings: Osteoarthritis on standing x-ray or arthroscopy. (Washington, 2003); (Sheng, 2004); (Saleh, 2002); and (Callahan, 1995).

The patient's history is complicated by her obesity and significant history of cardiac disease, which required stenting at a young age. In addition, her past medical history is significant for arthritis, gout, and chronic nicotine use. Obesity is a known risk factor for the development of knee arthritis. Her imaging studies and subsequent arthroscopy only were consistent with minimal arthrosis. There is no evidence of steroid ingestion or Visco supplementation in the medical records reviewed. Her current range of motion parameters and functional limitations documented by the most recent physical therapy evaluation do not support surgical intervention. Her BMI is over the ODG criteria and there is no evidence that weight loss has been attempted. The patient clearly does not meet the criteria as outlined by the evidence based ODG. Therefore, the requested inpatient medial unicompartamental arthroplasty versus total knee arthroplasty with three day length of stay is not medically necessary, reasonable, or supported by the evidence based ODG 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
- 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)