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Notice of Independent Review Decision

Date notice sent to all parties:

July 15, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total Knee Replacement and Inpatient Surgical Room

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:

Clinical records 06/30/10-04/08/12

Procedure reports 02/20/11-02/26/13

Clinical record 07/06/10

Radiographs right knee 06/11/12

Radiographs lumbar spine 06/11/12

MRI lumbar spine 09/11/12

Clinical records 06/11/12-05/10/13

AAOS clinical guidelines regarding osteoarthritis in the knee

Prior reviews 12/07/11-06/10/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially sustained an injury on xx/xx/xx while attempting to stop a fight. The patient sustained injuries to the low back and right knee. Prior conservative treatment included Synvisc injection in 02/11 for the right knee and physical therapy. Radiographs of the right knee on 06/11/12 demonstrated severe medial tibiofemoral joint space narrowing and sclerosis. The patient reported minimal benefits from anti-inflammatories or physical therapy. recommended Supartz injections in 08/12. The initial Supartz injection was done on 09/21/12 with subsequent injections on 09/28/12, 10/05/12, 10/12/12, and 10/19/12. Follow up on 04/04/13 stated that the patient had continuing right knee pain of 1 out of 9/10 on the VAS. Physical examination demonstrated a BMI of 30.6. The patient demonstrated an antalgic and compensated gait favoring the right lower extremity. There was moderate swelling within the right knee and moderate effusion. There was tenderness to palpation in the joint lines. Crepitus was noted on range of motion and there was restricted flexion to 115 degrees. Due to the lack of improvement with multiple Supartz injections, corticosteroid injections, anti-inflammatories, or physical therapy; and as the patient previously utilized a knee brace and cane for ambulation the patient was recommended for total knee arthroplasty. Follow up on 05/10/13 reviewed the treatment for the patient. The request for a total knee arthroplasty was denied by utilization review on 05/02/13 as there were no standing x-rays documenting significant loss of chondral space in any of the compartments of the right knee. The request was again denied by utilization review on 06/10/13 as there was no further documentation of standing radiographs documenting significant chondral loss or documentation of a varus or valgus deformity.

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

The patient has been followed for ongoing chronic right knee pain secondary to osteoarthritis in the medial tibiofemoral compartment. Per the radiographic assessment of the right knee on 06/11/12, there was severe joint space loss and sclerosis of the medial tibiofemoral compartment. The patient has not improved with an extensive amount of conservative treatment including multiple injections and viscosupplementation. The patient did not improve with physical therapy or the use of anti-inflammatories. The most recent exam findings revealed positive crepitus with range of motion of the right knee with loss of range of motion on flexion and effusion. All of these findings are consistent with the prior imaging studies. Given the aggressive nature of the osteoarthrosis identified in 06/12 it is unlikely that this is resolved in any way. It is unlikely that the patient would benefit from further conservative treatment at this time and would be an appropriate candidate for a total knee arthroplasty per guideline recommendations. The patient is over xx years of age with a BMI less than 35. This also meets guideline recommendations. Given that the clinical documentation submitted for review meets guideline recommendations regarding the requested surgical procedures it

is the opinion of this reviewer that the requested total knee replacement with inpatient surgical room is standard of care and medically necessary at this time.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Knee & Leg Chapter

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: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR 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 (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). ([Washington, 2003](#)) ([Sheng, 2004](#)) ([Saleh, 2002](#)) ([Callahan, 1995](#))