

Notice of Independent Review Decision

DATE OF REVIEW: July 5, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total knee arthroplasty

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

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
Notice of Employee's Work-related injury/illness	Xx/xx/xx
X-ray of the left knee	Xx/xx/xx
MRI of the left knee	11/09/2012
Office visit	10/15/2012
Office visit	10/22/2012
Office visit	10/26/2012
Office visit	10/30/2012
Office visit	11/14/2012
Office visit	12/06/2012
Office visit	12/13/2012
Operative report	12/19/2012
Office visit	01/10/2013
Initial PT evaluation	01/29/2013
Daily note	02/27/2013



**MEDICAL EVALUATORS
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Daily note	03/01/2013
Daily note	03/07/2013
Daily note	03/08/2013
Daily note	03/15/2013
Daily note	03/18/2013
Daily note	03/21/2013
Daily note	03/25/2013
Daily note	03/28/2013
Progress note	03/29/2013
Office visit	04/04/2013
Office visit	04/18/2013
Office visit	04/25/2013
Discharge summary	05/01/2013
Office visit	05/02/2013
Office visit	05/09/2013
Office visit	05/16/2013
Office visit	05/23/2013
FCE from Assessments	06/12/2013
Office visit	06/18/2013
A letter regarding adverse determination	06/24/2013
A letter regarding adverse determination	07/01/2013
A request for an IRO for the denied services of "left total knee arthroplasty"	07/03/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who was walking upstairs at work on xx/xx/xx when he twisted and felt a sharp pain in his left knee. He was seen and had x-rays done that showed narrowing of the medial knee joint compartment. then referred him. He had MRI of the left knee done that showed tear of the ACL and medial meniscus. He then had left arthroscopic partial medial and lateral meniscectomy, left ACL debridement, and abrasion chondroplasty of medial femoral condyle on 12/19/2012. Postoperatively, he was doing well with postop rehab. On 04/04/2013, he followed up and reported pain in his medial joint line with some crepitus. He also reported popping and catching of his left knee. He was then treated with several Supartz injections. did an x-rays of left knee that showed bone-on-bone medial joint space. He was diagnosed with severe osteoarthritis and was recommended left total knee arthroplasty.



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

Obesity can be considered a relative contraindication to unicompartmental knee arthroplasty. Behrend et al (Clin Orthop Related Research 2005) found that BMI > 32 predicted failure and adversely affected survivorship in a series of 79 consecutive UKAs. I would agree that he is not a candidate for UKA, and that TKA would lead to best long term survivorship and functional outcome.

The patient has undergone a prolonged course of conservative modalities after his knee arthroscopy to include a formal physical therapy program, a series of Supartz injections, medications, and corticosteroid injection. We can reasonably conclude that he has exhausted these conservative means of treatment.

Evaluating clinical exam findings, the patient has “range of motion deficits”, per treating surgeon, with pain and crepitus through range of motion. The physical therapy notes documented 0-105 degrees range of motion, however. ODG criteria calls for range of motion less than 90 degrees. I did not find specific documentation regarding night pain. I would agree that he has not had pain relief with conservative care, and that he has functional limitations demonstrating necessity of intervention (see FCE results). He meets criteria for imaging findings with narrowed medial compartment and previous knee arthroscopy. The patient meets age criteria.

He does not meet criteria for BMI less than 35, and this has been the source of the two previous adverse determinations by independent reviewers. The most recent review advocated that the surgeon address BMI specifically as a treatment modality, inferring that may allow the surgery to be approved. Updated AAOS Clinical Practice Guidelines “Treatment of Osteoarthritis of the Knee” 2nd edition (Recommendation #2) have advocated weight loss in a patient with symptomatic osteoarthritis and BMI>25. The most recent clinical notes do not document counseling or any evidence that an attempt at weight loss has been made, however. In all likelihood, the patient would experience significant pain relief with that modality especially with arthritic disease essentially isolated in 1 compartment. Similar to the previous reviewer, I would consider approval if any efforts at weight loss had been attempted and documented. However, without attention focused on that important modality, I would have to uphold the previous adverse determination and find this case noncertified.

ODG Indications for Surgeryä -- 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.):



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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)
For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled nursing facility LOS (SNF)



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**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)**

1. Behrend et al (Clin Orthop Related Research 2005)
2. Treatment of Osteoarthritis of the Knee, 2nd edition (Recommendation #2)