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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**07/18/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: APPEAL** left total knee replacement, 3 Day Length of Stay 27447

**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:

[X] Upheld (Agree)

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 notes dated 02/09/11 – 05/14/13
X-rays of the right knee dated 02/28/11
Procedural note dated 06/29/11
Previous utilization reviews dated 05/23/13 & 06/06/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his left knee. The clinical note dated 02/09/11 details the patient stating the initial injury occurred when a hose he was working with became plugged and a coil struck his left leg and threw him backwards where he injured both knees, his neck, and low back. The note does detail the patient having previously undergone 2 back surgeries as well as an ankle reconstruction. Upon exam, tenderness was noted in the cervical region. Left sided foot drop was noted. However, this was noted to be an older finding. The clinical note dated 05/23/11 details the patient continuing with left knee pain. The patient demonstrated 0/5 strength at the EHL as well as 4-/5 strength at the anterior tibialis. Quadriceps atrophy was noted compared to the

contralateral side. Decreased sensation was noted in the foot. The patient was able to demonstrate 0 to 110 degrees of range of motion which was noted to be limited secondary to pain. The knee was noted to be stable to varus valgus testing. The note does detail the patient having undergone x-rays of the left knee which revealed tricompartmental arthritic changes. The note further details the patient having undergone a MRI of the left knee on 04/15/11 which revealed significant degeneration at the medial meniscus and a torn ACL. The procedural note dated 06/29/11 details the patient undergoing a left knee injection of Lidocaine and Marcaine. The clinical note dated 04/12/13 details the patient utilizing a brace at the left knee. The patient stated that he had had 2 recent falls. The patient further stated that he has difficulty sitting or standing for any prolonged period of time. The note does detail the patient utilizing Hydrocodone for ongoing pain relief. The clinical note dated 05/14/13 details the patient able to demonstrate 10 to 100 degrees of range of motion at the left knee. The patient was recommended for a left total knee replacement.

The previous utilization review dated 05/23/13 for a total left knee replacement resulted in a denial secondary to no information being submitted confirming the patient's recent completion of any conservative therapy as well as the patient's age and a lack of information regarding the patient's current BMI. Additionally, the patient's range of motion limitations were noted to be not significant enough.

The utilization review dated 06/06/13 for a total left knee replacement resulted in a denial as no additional information had been provided regarding the patient's clinical presentation. No information was submitted regarding the patient's recent conservative treatments or a current BMI. Furthermore, there was a question of the patient's age.

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

The documentation submitted for review elaborates the patient complaining of left knee pain with associated range of motion deficits. A total knee replacement would be indicated provided the patient meets specific criteria to include completion of all conservative measures as well as the patient being under the age of 50 as well as range of motion limitations to less than 90 degrees of flexion. The patient is noted to have previously undergone a course of physical therapy; however, this is noted to be in 2011. No additional information was submitted regarding the patient's recent completion of any conservative treatments. Additionally, the patient is noted to have the ability to flex the knee beyond 100 degrees. Furthermore, the patient is noted to be xx years old. Given that no information was submitted regarding the patient's recent completion of any conservative treatments addressing the left knee complaints and taking into account that the patient's range of motion limitations are noted to be greater than 90 degrees as well as the patient's relatively youthful age of xx, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

**IRO REVIEWER REPORT TEMPLATE -WC**

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

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Knee joint replacement

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)

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