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Notice of Independent Review Decision

**Date notice sent to all parties: 2/22/13**

**IRO CASE #:**

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

Inpatient three days left knee total knee arthroplasty and CPM X3 month rental at Palo Pinto General Hospital as requested by Dr. Donal Buck Rose

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

Texas Licensed, Board Certified Orthopedic Surgeon

**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.

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

1. 1/28/13 and 2/15/13 denial letters
2. 9/21/12, 10/24/12, 12/12/12, 2/6/13 MD notes
3. 10/10/12, 1/23/13 OPA-C notes
4. 10/24/12 Hospital Initial Interview
5. 2/19/13 Prospective Review (M2) Response
6. 1/24/13, 1/25/13, 2/7/13 TASB 28 TAC 134.600 for Pre-Authorization---
7. 1/24/13 and 2/7/13 MD Pre-Auth request
8. 2/15/13 Orthopedics note from
9. 2/14/13 Denial letter faxed to Dr.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant has been documented to be a xx with knee pain that has been treated medically and surgically in association with a reported injury sustained on xx/xx/xx. The claimant was noted to have been treated arthroscopically and was noted to have had a tricompartmental chondroplasty, in addition to synovectomy. The claimant was noted to have an attenuated ACL graft from a prior ACL surgery. The claimant was documented to have been treated postoperatively with a cortisone injection as there were recurrent severe symptoms despite the arthroscopic chondroplasty and partial meniscectomy. The treating provider's records were reviewed in detail one of the records from the treating provider's office apparently, the most recent record was dated 02/15/2013. The documentation reference date 02/06/2013, dated document submitted as part of the appeal with regards to a recent denial concerning knee replacement arthroplasty. It was noted that the patient was "having difficulty ambulating as well as sleeping at night." It also notes that he is actually worse now than prior to recent meniscectomy due to the bone-on-bone pain. "Our patient has done the lower levels of treatment and in order to perform his job correctly he needs to have a total knee arthroplasty."

The records reviewed included the operative summary noting that at the time of the surgical intervention the claimant was a xx who had injured his left knee "while working on apprehending a suspect as a xx." The procedures performed included the aforementioned arthroscopy with chondroplasty and major synovectomy. The operative details revealed that there was grade IV chondromalacia in the patellofemoral groove and grade III-IV chondromalacia in the medial femoral condyle/compartments and only a "just a thin rim of medial meniscus remaining." ACL strain with some partial tearing of his reconstructed ACL was noted." Grade IV chondromalacia of the lateral femoral condyle and being status post lateral meniscectomy was also noted. The synovectomy and chondroplasty was also

referenced in particular. There did not appear to be any significant meniscectomy due to the aforementioned documentation of the prior significant meniscectomies.

The records reviewed included the postoperative notes that described the persistent pain and popping including the record from 10/10/2012, revealing that "currently has significant arthritis and is likely headed for TKA eventually." Medication included hydrocodone and acetaminophen in the fall of 2012. The claimant was "making progress" as noted on 12/13/2012 with therapy, but there was still persistent pain and swelling issues. On 01/23/2012, dated record revealed that the claimant had "not improved" and that a cortisone injection was administered. "His joint is so compromised that no conservative approach is going to be beneficial" as per the treating provider at the Orthopedics and Sports Medicine Facility, a Dr..

The notes from 02/06/2013, documented the ongoing pain with utilization of Norco and "asking for a stronger dose today. Confined to deskwork because of his knee." The additional submitted records include the denial letters with rationale being that the individual was under the age of 50 and that there was no documentation of "independent x-ray studies obtained documenting the degree of joint space narrowing with weightbearing imaging studies." In addition the lack of a trial of viscosupplementation was also noted in the one of the denial letters.

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

The denial is upheld. This claimant is under the applicable ODG guideline age of 50 years of age as being a criterion for a knee replacement arthroplasty. In addition, ODG guidelines supports a consideration for adequate trial and failure of "conservative care in this individual under the age of 50, who has failed medications and one cortisone injection and therapy it is evident that a trial of viscosupplementation a completely different compound and form of treatment with regards to formulation of the medication etc. has not been apparently offer to this gentleman. Although, it is noted that this individual has tricompartmental cartilage loss within the knee clearly an individual who is both under 50 years of age and has not had the opportunity for a trial of viscosupplementation with outcomes documented has not had full recent comprehensive nonoperative treatment, it appears to be the overall intent of the applicable clinical ODG guidelines as found in the knee chapter under knee arthroplasty. Therefore, at this time the claimant has not met overall intent of clinical ODG guidelines with regards to a trial and failure of comprehensive nonoperative treatments especially at the same time being under the guideline associated reasonable age for replacement of age 50. Therefore the combination of issues notable above support the overall recent denials as indicated in the denial letters. Since the knee replacement arthroplasty is not guideline supported at this time, neither the inpatient stay of three days or the CPM machine for a three month rental would be considered reasonable and/or medically necessary. It is also notable that at most guideline support a CPM for approximately up to 21 days postoperatively in general.

Reference: ODG guidelines, knee and leg chapter, knee replacement arthroplasty, CPM guidelines in the knee/leg chapter, ODG guidelines.

**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)