

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/03/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right total knee replacement, 3 day inpatient stay, 1 surgical assistant

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be: It is this reviewer's opinion that the patient is an outlier to the portion regarding her BMI and medical necessity for the requested right total knee replacement, 3 day inpatient stay, and 1 surgical assistant is established.

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 health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical report dated 02/07/13

Clinical report dated 12/18/12

Clinical report dated 10/04/12

MRI of the right knee dated 07/10/13

Operative report dated 12/04/12

MRI of the right knee dated 09/06/11

Physical therapy report, illegible signature dated 01/14/13

Physical therapy report, illegible signature dated 03/11/13

Physical therapy report, illegible signature dated 03/12/13

Physical therapy report, illegible signature dated 01/16/13

Physical therapy report, illegible signature dated 01/17/13

Physical therapy report, illegible signature dated 01/21/13

Physical therapy report, illegible signature dated 01/23/13

Physical therapy report, illegible signature dated 01/24/13

Physical therapy report, illegible signature dated 01/28/13

Physical therapy report, illegible signature dated 01/30/13

Physical therapy report, illegible signature dated 02/05/13

Physical therapy report, illegible signature dated 02/06/13

Physical therapy report, illegible signature dated 02/13/13

Physical therapy report, illegible signature dated 02/15/13

Range of motion assessment dated 01/14/13

Range of motion assessment dated 02/29/12

Clinical report dated 04/11/13

Physical therapy evaluation dated 04/09/12

Prior review dated 08/13/12
Discharge report dated 05/24/11
Radiographs of the right knee dated 05/24/11
Legal documentation from a benefit review conference dated 06/07/12
Physical performance evaluation dated 04/12/12
Chart review dated 04/26/13
Legal documentation from a benefit review conference dated 08/25/11
Designated doctor evaluation dated 06/12/12
Functional capacity evaluation dated 06/12/12
Peer review report dated 12/12/11
Peer review report dated 05/24/11

INFORMATION PROVIDED TO THE IRO FOR REVIEW cont.:

Employer's first report of injury or illness dated xx/xx/xx
Injury statement report dated xx/xx/xx
Clinical report dated 06/08/11
Letter dated 06/04/11
Clinical report dated 09/12/11
Peer review report dated 12/13/11
Physical therapy report, illegible signature dated 02/29/12
Range of motion evaluation dated 02/29/12
Clinical report dated 03/05/12
Toxicology report dated 03/07/12
Chart notes with no signature dated 07/25/11 – 07/26/11
Utilization review report dated 04/06/12
Utilization review report dated 05/03/12
Utilization review report dated 05/04/12
Utilization review report dated 06/08/12
Utilization review report dated 06/29/12
Clinical report dated 08/06/12
Utilization review report dated 09/25/12
Utilization review report dated 10/18/12
Physical therapy report dated, illegible signature dated 11/26/12
Chiropractic treatment plan report dated 01/03/13
Clinical report dated 03/21/13
Chart review dated 07/29/13
Utilization review report dated 08/01/13
Utilization review report dated 08/21/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient initially reported pain in the right knee and imaging studies from September of 2011 did show irregular cartilage within the patella femoral compartment with mild cartilage thinning in both the medial and lateral tibial femoral compartments. The patient was referred for physical therapy in 2012; however, the patient continued to have symptoms in the right knee. The patient did undergo medial and lateral meniscectomies with synovectomy of the right knee on 12/04/12. Postoperatively, the patient was referred for additional physical therapy in 2013 and received injections as well as utilized bracing. The patient continued to report pain, popping, clicking, grinding, and instability in the right knee despite conservative treatment. Updated MRI studies of the right knee completed on 07/10/13 demonstrated small chronic osteochondral defects along the weight bearing surfaces along both of the femoral condyles and tibial plateaus. There were displaced fragments that were most likely loose within the joint space. There was a small amount of joint effusion present. No pathology of the cruciate ligament complexes was noted. The menisci appeared discoid in nature and there were horizontal cleavage tears through the anterior horn and body of the lateral meniscus. Moderate cartilage loss within the patella femoral compartment was present with grade 4 chondromalacia noted in the weight bearing surfaces. The chart review from 07/29/13 indicated that the patient continued to have loss of range of motion in the right knee with crepitus present. There was continued tenderness in both the medial and lateral joint lines with trace effusion present. The patient was noted to have a BMI of 41.05. Per report, the patient had gained 58 lbs. due to inactivity and the

inability to perform active activities due to right knee pain.

The request for the right total knee replacement with a 3 day inpatient stay and surgical assistant was denied by utilization review on 08/01/13 as the BMI of this patient exceeded guideline recommendations. The 3 day inpatient stay and assistant surgeon were subsequently denied as the surgery was not medically necessary.

The requests were again denied by utilization review on 08/21/13 as the patient's BMI exceeded guideline recommendations.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has continuing significant right knee pain secondary to multi-compartmental osteoarthritis and spur formation that is documented on the most recent MRI study for the right knee. The clinical report established that the patient had failed conservative options to include postoperative physical therapy as well as injections and bracing. The patient's physical examination findings were pertinent for loss of right knee range of motion, effusion, and crepitus. The patient's objective and imaging findings are consistent with symptomatic tri-compartmental osteoarthritis. The patient has failed a reasonable course of conservative treatment. Although the patient's BMI does exceed guideline recommendations which recommend a BMI of approximately 35, the clinical report does indicate that the patient has had a significant amount of weight gain due to inactivity as a result of her chronic right knee pain. At this point in time, the patient is a reasonable candidate for a right total knee arthroplasty. It is unlikely that the patient would be able to perform any extensive physical activities to reduce her weight with her chronic right knee pain. Therefore, this patient is an outlier to Official Disability Guidelines and this reviewer would recommend the total knee arthroplasty. As the surgical request for this patient is indicated, a 3 day inpatient stay would be within guideline recommendations for postoperative monitoring regarding complications. Due to the complexities of the recommended total knee arthroplasty procedures, the primary surgeon in this case would reasonably require a surgical assistant for proper positioning of the right knee during hardware placement. As the patient does meet a majority of the current evidence based guidelines recommendations regarding a total knee arthroplasty, it is this reviewer's opinion that she is an outlier to the portion regarding her BMI and medical necessity for the requested right total knee replacement, 3 day inpatient stay, and 1 surgical assistant is established. As such, the prior denials are overturned.

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

ACOEM-AMERICA 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)