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Notice of Independent Review Decision

DATE OF REVIEW: July 31, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient left total knee replacement (27447).

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

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

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

- Upheld** (Agree)
- Overtured** (Disagree)
- Partially Overtured** (Agree in part/Disagree in part)

The requested inpatient left total knee replacement is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related on xx/xx/xx. The patient's leg was caught, causing a twisting motion. This resulted in a knee hyperextension injury. The patient's treatment history included left knee arthroplasty with medial meniscectomy and chondroplasty in March 2013. The patient underwent additional knee arthroscopy with medial meniscectomy and chondroplasty in November 2013. The patient was evaluated on 1/9/14 and it was documented that the patient had extensive bone on bone degenerative osteoarthritis which resulted in significant pain. It was documented that the patient required assistance for ambulation beyond half a block. The patient's treatment history included immobilization, injections, and physical therapy. A patient update dated 7/7/14, documented that the patient had a body mass index of (BMI) of 37.6. The patient's provider has recommended left total knee replacement.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 5/14/14 the URA indicated that the clinical documentation submitted for review did not provide adequate objective deficits and an increased body mass index of 37.59 was provided, which exceeds guideline recommendations of a body mass index of 35. The denial letter dated 6/20/14 notes that updated medical records addressing the issues of the previous determination was not submitted.

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

The Official Disability Guidelines (ODG) recommends total knee replacement for patients who have significantly limited range of motion of less than 90 degrees and nighttime pain. In this patient's case, the clinical documentation submitted for review does not objectively identify range of motion deficits that would support the need for a total knee replacement. Additionally, ODG recommend a body mass index (BMI) of 35 who undergo this surgical intervention. The clinical documentation indicates that the patient has a BMI higher than this recommendation. Therefore, the need for inpatient left total knee replacement would not be supported by guideline recommendations. As such, the requested inpatient left total knee replacement is not medically necessary or appropriate. In accordance with the above, I have determined that the requested inpatient left total knee replacement (27447) is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)