

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: January 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Total Knee Arthroplasty 27447, Assistant Surgeon, 4 days inpatient stay

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

This physician is Board Certified in Orthopedic Surgery with over 40 years of experience.

REVIEW OUTCOME:

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

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:

06/01/11: MRI of the Right Knee
06/28/11: Operative Report
01/17/12: MR Arthrogram of the Right Knee
03/13/12: Operative Report
09/27/12: MRI Right Knee
01/18/13: Operative Report
03/21/13: Physical Therapy Initial Evaluation
05/20/13: Designated Doctor Analysis
06/06/13: Chart Note
06/06/13: Procedure Note
06/27/13: Chart Note
08/09/13: Request for Reconsideration regarding Viscosupplementation Injection Denial
08/19/13: Chart Note

09/12/13: Chart Note
09/19/13: Procedure Note
10/21/13: Chart Note
11/05/13: UR performed
11/20/13: Request for Reconsideration
12/09/13: UR performed
12/16/13: Chart Note

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he slipped on a wet floor and caught himself on some shelves. He had complaints of right knee pain, swelling and popping. Treatment included 3x surgical procedures, physical therapy and injection therapy.

On June 1, 2011, MRI of the Right Knee, Impression: 1. Question horizontal cleavage tear of the posterior horn medial meniscus with a very small parameniscal cyst at the posteromedial meniscocapsular junction. 2. Moderate chondromalacia trochlear apex. Mild to moderate chondromalacia anterior medial tibial plateau.

On June 28, 2011, Operative Report. Postoperative Diagnosis: 1. Right knee medial meniscus tear. 2. Right knee chondromalacia femoral trochlear. Operations Performed: 1. Right knee arthroscopic medial meniscus repair. 2. Right knee arthroscopic microfracture of the femoral trochlear.

On January 17, 2012, MR Arthrogram of the Right Knee, Impression: 1. Recurrent meniscal tear extends to the far peripheral medial aspect of the posterior horn of the medial meniscus communicating with a parameniscal cyst, best identified on coronal image slice #14, axial image slices #14-15, and on sagittal image slices @2-3. This is superimposed upon an intact primary meniscal repair without any other recurrence noted in this location. 2. There is a 5-mm parameniscal cyst which is arising off the junction of the anterior horn of the medial meniscus with the transverse ligament, best identified on sagittal image slices #9-10, coronal image slices #6-7 and axial image slices #14-15. 3. Some mild osteoarthritic changes are seen with grade II/III chondromalacia within the medial and patellofemoral joint, as discussed above in detail. 4. Small Baker's cyst. 5. Otherwise, right knee MR arthrogram normal, as above.

On March 13, 2012, Operative Report. Postoperative Diagnosis: Right knee recurrent medial meniscus tear. Operation Performed: Right knee arthroscopic medial meniscus debridement.

On September 27, 2012, MRI Right Knee, Impression: 1. There is subchondral bone marrow edema of the medial tibial plateau as before; however, an associated focus of chondromalacia is no longer present; however, there is a new area of chondromalacia of the posteromedial tibial plateau as described above, and there are two new areas of chondromalacia of the medial femoral condyle weightbearing surface. 2. Chondromalacia of the trochlear continues. 3.

Chondromalacia of the trochlea continues. 4. Mild tricompartmental osteoarthritis. 5. Partial medial meniscectomy with new radial tear of the body of the medial meniscus and nonspecific signal reaching the articular surface of the posterior horn of the medial meniscus.

On January 18, 2013, Operative Report. Postoperative Diagnosis: Right knee femoral trochlear osteochondral defect. Operative Procedure: Right knee arthroscopic microfracture Chondroplasty of femoral trochlear.

On June 6, 2013, the claimant was evaluated for right knee pain rate 6-8/10. It was noted he was not taking any pain medication and that he had completed a course of physical therapy with no improvement in pain. The pain is mainly in the anterior medial aspect of the knee as well as deep to the patella, but also occasionally posteriorly as well. On physical examination there was no effusion. There was tenderness to palpation along the medial edge of the patella, medial femoral condyle, on the medial joint line, lateral edge of the patella, patellar tendon and pes anserinus. There is 1+ anterior drawer on Lachman test, negative pivot shift and McMurray's test. No varus or valgus instability, and range of motion was 0 to 175 degrees. Also positive for patellofemoral crepitus. Impression: 4 ½ months status post right knee arthroscopic microfracture of the femoral trochlear. Plan: 1. Continue with home exercise program. 2. Meloxicam 15 mg. 3. Corticosteroid injection.

On June 6, 2013, Procedure Note. Procedure: Right knee intraarticular corticosteroid injection.

On June 27, 2013, the claimant was evaluated and reported the injection had no effect. Current treatment included Meloxicam and performing a home exercise program. On physical examination he was tender to palpation at the patellar and medial femoral condyle and medial joint line. He had 1+ anterior drawer and Lachman test. Negative pivot shift test and McMurray test. No varus or valgus instability and range of motion was 0 to 140 degrees. Popliteal angle measured 7 degrees. Plan: Continue with a nonsteroidal anti-inflammatory and a viscosupplementation injection.

On August 19, 2013, the claimant was evaluated for right knee pain rated 8 to 9/10, especially when getting up, and it is rated 6 to 7/10 when walking. Pain is located primarily on the medial side and it leads to the kneecap. He also feels like there is ground glass behind his kneecap. X-rays on 8/19/13, weightbearing AP, lateral, sunrise and tunnel views of the right knee revealed a decrease in medial joint space seen on both the AP and tunnel views. There was decreased joint space in the lateral patellofemoral space with lateral patellar tilt and there was subchondral sclerosis in the medial tibial plateau. Plan: 1. Viscosupplementation injection. 2. stated because he has already undergone physical therapy, corticosteroid injection, activity modification and wears a brace, only other alternative at this point would be a total knee arthroplasty.

On September 19, 2013, Procedure Note. Procedure: Right knee intraarticular injection with viscosupplementation.

On October 21, 2013, the claimant was evaluated and reported the viscosupplementation injection only helped for approximately 4 days. On physical examination he had tenderness to palpation along the medial joint line, medial facet of the patella as well as the pes anserinus and patellar tendon. 1+ anterior drawer. No varus or valgus instability. Negative McMurray's test. Active ROM from 0 to 135 degrees with palpable patellofemoral crepitus. Impression: 1. Right knee osteoarthritis. 2. Nine months status post repeat arthroscopic microfracture of the femoral trochlear and arthroscopic meniscus debridement and repair. Plan: Mr. has been complaint with nonoperative treatment options at this point including post arthroscopy physical therapy and partial weightbearing protocols following the microfracture surgeries. He has continued significant debilitating pain of the right knee on the medial aspect of the knee and the patellofemoral joint which corresponds with x-ray findings and narrowing in these 2 compartments. He has had intraarticular injections with corticosteroid and viscosupplementation. Therefore, at this time, his options are limited to either continued nonoperative management or proceeding with a total knee arthroplasty.

On November 5, 2013, performed a UR. Rationale for Denial: The clinical documentation submitted for review evidences the patient continues to present with right knee pain complaints status post work related injury. The provider documents the patient presents with tenderness upon palpation along the medial joint line, medial facet of the patella, as well as the pes anserinus and patellar tendon. The patient had a 1+ anterior drawer, nor varus or valgus instability was evidenced, and the patient had a negative McMurray's testing. Active range of motion was from 0 to 135 degrees with palpation patellofemoral crepitus. The provider documents the patient has failed with lower levels of conservative treatment including x3 arthroscopic procedures, injection therapy, physical therapy and use of anti-inflammatories. However, guidelines indicate specific criteria prior to the requested operative intervention including evidence of limited range of motion, less than 90 degrees for total knee replacement. In addition, it is indicated that patients should present over 50 years of age, and there must be imaging study evidence of advanced osteoarthritis. The clinical notes evidence imaging studies of the patient's knee revealed mild tricompartmental osteoarthritis. As the patient presents with minimal decrease in range of motion of the knee, at this point in his treatment the request for total knee arthroplasty, assistant surgeon, 4 days in-patient stay is non-certified.

On December 9, 2013, performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not certified.

On December 16, 2013, the claimant was evaluated for worsening pain in the right knee. It was reported 2 months prior he fell after his knee had locked upon him. He is using an Ace bandage to control his swelling and for external support. He pain is reported to be both at rest and at night. The pain is primarily on the

medial side and anterior behind the kneecap. On physical examination BMI is 23.5. There was a small effusion of the right knee with tenderness to palpation along the medial joint line, around the patella and at the tibial tubercle. 1+ anterior drawer sign. Negative McMurray test. No varus or valgus laxity and active range of motion from 5 degrees to 115 degrees. X-rays on December 16, 2013, weightbearing AP, lateral and sunrise view of the right knee were obtained and revealed decreased medial joint space, marginal osteophytes on the medial femoral condyle and subchondral sclerosis on the medial tibial plateau and medial femoral condyle.

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

The previous adverse determinations are partially overturned. After reviewing the records they reveal a man with normal BMI who has at least 2 compartment arthritis. He has had extensive conservative care including physical therapy, home exercises, NSAIDs, steroid and Visco Supplementation injections. He has clinical findings of limited range of motion, documented to be 5 degrees to 115 degrees, complaints of nighttime joint pain and functional limitations. X-rays on 12/16/13 demonstrated decreased medial joint space, marginal osteophytes on the medial femoral condyle and subchondral sclerosis on the medial tibial plateau and medial femoral condyle. No other surgeries such as unicompartmental procedures, or osteotomie would address the problems. In spite of his age, he meets all other ODG criteria for total knee replacement and therefore the request for Right Total Knee Arthroplasty 27447 with Assistant Surgeon is approved. The request for 4 days inpatient stay is only partially approved. ODG's recommended length of hospital stay for a total knee replacement is 3 days. Therefore, only 3 days out of the 4 request days of inpatient stay is approved.

PER ODG:

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)

ODG hospital length of stay (LOS) guidelines:

Knee Replacement (81.54 - Total knee replacement)

Actual data -- median 3 days; mean 3.4 days (± 0.0); discharges 615,716; charges (mean) \$44,621

Best practice target (no complications) -- 3 days

Revise Knee Replacement (81.55 - Revision of knee replacement, not otherwise specified)

Actual data -- median 4 days; mean 4.8 days (± 0.2); discharges 4,327; charges (mean) \$60,129

Best practice target (no complications) -- 4 days

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)