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Notice of Independent Review Decision

DATE OF REVIEW: June 25, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total knee replacement with two days inpatient stay.

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)**

☐Overturned (Disagree)

☐Partially Overturned (Agree in part/Disagree in part)

I have determined that the requested left total knee replacement with two days inpatient stay is not medically necessary for the treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who twisted her knee on xx/xx/xx. The submitted records indicate that the patient's treatment has included viscosupplementation injections, steroid injections, oral medications, an arthroscopic partial meniscectomy, and formal physical therapy. On xxxxx, the patient presented for an examination of the left knee. Clinical notes indicated the patient is 5 feet 3 inches tall, with a weight of 220 pounds. She reported pain to the knee with occasional swelling and giving way of the knee. The patient noted an inability to walk more than one block

due to severe pain. On 1/21/14, magnetic resonance imaging (MRI) of the knee demonstrated severe chondromalacia in the lateral facet of the patella, with an area of full-thickness cartilage loss. There was also indication of a small flap or fissure in the medial facet of the patella, extending over a distance of 8 to 9 mm, chondromalacia of the lateral tibial plateau with areas of full-thickness cartilage loss of the mid weight-bearing portion, subchondral edema and cyst formation. Follow-up physical examination on 1/23/14 noted that the patient continued to have severe left knee pain. On 4/25/14, the patient reported that her knee was significantly worse. The patient's activities of daily living had been severely impacted by her knee with an inability to ascend stairs, stand on her feet for any length of time, or walk without an assistive device. A request has been submitted for left total knee replacement with two days inpatient stay.

The URA indicated that the requested services are not medically necessary. Specifically, the initial denial noted that recent objective documentation including notation of significant deficits in range of motion of less than 90 degrees of flexion were not provided. The URA reported that full documentation of recent failure of lower levels of care has not been noted. Additionally, the URA noted that the guidelines recommend that the patient be greater than 50 years of age prior to surgery. On appeal, the URA noted the patient's body mass index (BMI) is greater than the BMI recommended by guidelines.

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

The submitted documentation fails to demonstrate the medical necessity of the requested services. This patient's prior treatment has included viscosupplementation injections, corticosteroid injections, formal physical therapy, activity modification, medication management, and surgical interventions. The medical notes indicate that her activities of daily living have been impacted by her knee. However, the most recent clinical notes submitted for review failed to detail a comprehensive evaluation of the patient's left knee, noting ranges of motion, manual muscle testing, or orthopedic testing specific to the patient's pathology. Further, the records indicate that the patient is 5 feet 3 inches tall, with a weight of 220 pounds and a calculated body mass index (BMI) of 39. Per the Official Disability Guidelines, the noted criteria for arthroplasty includes that the patient be over 50 years of age, with a BMI of less than 35. Her increased BMI poses elevated risks for postoperative complications. There was no indication of additional documentation to provide that the patient's calculated BMI does not increase or elevate the patient's risk for postoperative complications. In sum, the requested services are not medically indicated for the treatment of this patient.

Therefore, I have determined the requested left total knee replacement with two days inpatient stay 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)**