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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/14/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right total knee arthroplasty to include CPT code 27447

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)

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx when he twisted his right knee causing pain. The patient was initially assessed with right knee osteoarthritis and a meniscal tear. The patient described painful range of motion in the right knee with swelling and tenderness to palpation. The patient did attend physical therapy in November of 2014. The patient also received steroid injections to the right knee which increased the patient's overall pain. MRI studies of the right knee completed on 09/11/14 noted postoperative changes involving the proximal tibia. There was high intensity signal within the lateral anterior aspect of the medial femoral condyle suggestive of a bony contusion. No ligamentous pathology was evident. There was some narrowing of the medial joint compartment noted with a tear in the posterior horn of the medial meniscus. Radiographs of the right knee completed on 08/29/14 found no evidence of knee joint compartment narrowing, no sclerosis or leg bone lesions, or evidence of substantial osteoarthritis. The patient was being followed by multiple physicians to include . opined on 02/10/15 that there were progressive osteochondral changes on plain film radiographs which would support a right knee arthroplasty. The patient was described as having a severe varus collapse in the right knee with fracturing of the medial tibial plateau. This had become progressively worse due to a delay in surgical intervention. The patient's physical examination noted positive McMurray's signs in the medial and lateral sides with tenderness over the right medial plateau of the tibia. The patient was unable to perform any weight bearing of the right knee and described locking as well as pain. The patient was seen on 03/10/15 for complaints of pain in the left and right knee. The patient is noted to have developed an infected blister at the back of the calf due to long term use of a brace. The patient was given IM Rocephin 1 gram and started on oral Bactrim as well as Rifampin. The physical examination noted swelling and tenderness with decreased range of motion in the knee. The patient was described as having complete failure of the medial meniscus with bone on bone contact of the medial compartment and fracture of the tibial plateau. Radiographs were reported to show need for surgery in December due to narrowing of the medial compartment. Recent radiographs were stated to show complete collapse of the medial compartment with fracturing of the tibial plateau. The patient was stated to have failed injections and physical therapy. There was a clinical assessment on 04/30/15 by regarding the patient's knee pain. The patient indicated that he was unable to climb stairs or walk more than 5 blocks. The

patient reported no relief with injections. On physical examination, the patient's BMI was 34.9. There was pain in the right knee on range of motion. No laxity or subluxation of the joints was evident. The patient was referred back to pending a right total knee replacement.

The proposed right total knee arthroplasty was denied by utilization review on 03/25/15 as there was no documentation regarding failure of conservative treatment to include oral medications, injections, or a home exercise program. The patient's range of motion was not specifically documented and the patient's age and BMI would preclude surgical intervention.

The request was again denied on 04/17/15 due to age and lack of current BMI status. There were no updated standing radiographs noting significant loss of the chondral space in at least 1 compartment of the knee with varus or valgus deformity.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for persistent and severe right knee pain secondary to a twisting injury. Although initial imaging studies found no extensive findings for osteoarthritis in the right knee, there are clinical reports from 2 separate physicians, and that indicate the patient has had severe collapse of the medial joint space in the right knee which has resulted in fracturing at the medial plateau of the tibia. This does appear to be apparent on inner office radiograph studies. Although the patient is younger than xx, there is a clear indication for surgical intervention in this case based on and reports. The patient has failed prior physical therapy as well as multiple steroid injections and based on the described pathology in the medial compartment, it is very unlikely that continuing conservative treatment would have any impact on the patient's overall condition. The patient has now progressed to the point where he is unable to use the right lower extremity due to severe knee pain. It is very likely that the joint space narrowing and fracturing of the medial plateau of the tibia would preclude a hemiarthroplasty. The patient has now been recommended for a total knee arthroplasty due to the severity of the varus malalignment in the right knee. Given the clinical reports from and , it is this reviewer's opinion that the prior reviewer's concerns have been addressed. The patient has failed a reasonable amount of non-operative treatment and the severity of the findings in the right knee would support a total knee arthroplasty although the patient's age is not consistent with guideline recommendations. Therefore, it is this reviewer's opinion that medical necessity for the request has been established and 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability
- Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)