

## Pure Resolutions LLC

An Independent Review Organization

Phone Number:  
(817) 779-3288

990 Hwy. 287 N. Suite 106 PMB 133  
Mansfield, TX 76063  
Email: [pureresolutions@irosolutions.com](mailto:pureresolutions@irosolutions.com)

Fax Number:  
(817) 385-9613

### Notice of Independent Review Decision

Case Number:

Date of Notice: 06/01/2015

#### 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:

Left knee arthroplasty  
DUA

**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 while climbing a ladder. This was aggravated by after he returned to work in November of 2014. The patient's pain was present in the left knee. The patient's prior treatment included anti-inflammatories and Norco for pain. The patient was followed. MRI of the left knee on 12/16/14 noted focal grade 2-3 cartilage loss in central weight bearing portion of the medial femoral condyle. There was also degeneration of the cartilage at the lateral tibial plateau and medial patellar facet. Grade 2-3 cartilage loss was present in the medial trochlear facet. There was a possible chondral body just posterior to the posterior cruciate ligament measuring 1-2mm in size. The patient was overweight with BMI of 41.95 as of 01/08/15. The patient was a smoker at one pack per day. The patient reported good relief with steroid injections. There was a recommendation for loose body removal for the left knee. The 04/27/15 clinical record by noted patient had persistent severe pain in the left knee. The patient did succeed at losing weight with a 21 pound weight loss since the date of injury. Physical examination noted swelling and effusion of the left knee with moderate pain during range of motion. The patient still reported minimal relief with the use of anti-inflammatories. BMI was 39.87 at this visit. The recommendation was for left knee arthroscopy with articular cartilage shaving. It is noted at this visit, radiographs showed moderate tricompartmental osteoarthritis.

The proposed total knee arthroscopy for the left knee was denied on 03/18/15 as arthroscopic procedures are not well supported for symptomatic osteoarthritis or that the patient had clearly failed non-operative management to include physical therapy.

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

The patient has had persistent pain in the left knee with imaging evidence of continuing osteoarthritis that is the likely pain generator. There is no evidence of any significant chondral injuries that would support extensive chondroplasty or microfracture. Per the current evidence based guidelines, arthroscopic procedures to address osteoarthritis is not recommended as there is no evidence that this procedure provides any substantial pain relief in patients as compared to non-operative management or even a placebo. From ODG, "In the Meniscal Tear in Osteoarthritis Research (METEOR) trial, there were similar outcomes from PT versus

surgery (Katz, 2013) In this RCT, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. (Herrlin, 2007) Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with nonoperative management. (Khan, 2014) See also Meniscectomy, Physical therapy vs. surgery. Arthroscopic surgery in the presence of significant knee OA should only rarely be considered for major, definite and new mechanical locking/catching (i.e., large loose body) after failure of non-operative treatment." Given the absence of any significant pathology on MRI or symptomology that would support surgical intervention via arthroscopy to address the claimant's osteoarthritis in the left knee, it is this reviewer's opinion that medical necessity in this case is not established and the prior denials are upheld.

***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)