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Date notice sent to all parties: 09/14/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroplasty

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Right knee arthroplasty - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

A right knee MRI dated 09/29/14 revealed a tear of the posterior horn of the medial meniscus and diffuse mild tricompartmental chondromalacia, as well as a small effusion and slit like Baker's cyst. On 10/15/14, examined the patient. He had four weeks of therapy and bracing without improvement. He was five feet ten inches tall and weighed 252 pounds. He had mild swelling of the right knee, but no effusion, ecchymosis, or atrophy. Lachman's, varus and valgus testing, and anterior and posterior drawer testing were negative. Medial McMurray's was positive, but lateral was not. Range of motion was 0-135 degree in both knees. Right knee arthroscopy was recommended and performed on 10/31/14. The surgical report was provided, but did not list the actual

surgical procedure done. The postoperative diagnosis was a right knee medial meniscal tear with Grade III chondromalacia of the medial femoral condyle and patella. On 11/13/14, reevaluated the patient and therapy was recommended three times a week for six weeks. On 12/01/14, examined the patient in therapy. It was recommended two to three times a week for four weeks to include therapeutic exercises, modalities as needed, and home exercises. The patient attended therapy on 12/03/14, 12/05/14, 12/10/14, 12/12/14, 12/17/14, 12/26/14, 12/29/14, and 01/02/15. He received therapeutic exercises and activities, as well as occasional manual therapy. On 12/17/14, the patient was fully weightbearing and had some swelling. Motor and sensory exams were intact. On 01/07/15, recommended additional therapy twice a week for two to three weeks. The patient continued in therapy on 01/09/15, 01/14/15, 01/23/15, and 01/26/15. followed-up with the patient on 01/21/15. His pain was 5/10 and he was fully weightbearing. He had mild swelling on examination and medial joint line tenderness. Lachman's, anterior drawer and posterior drawer, and valgus and varus stress testing were negative. He had active, pain free range of motion at 0-135 degrees. He was advised to use a knee sleeve and return in three weeks for a release back to work. The patient was discharged from therapy on 01/30/15. The patient returned to on 02/11/15. He had moderate to severe pain with tenderness, weakness, and nocturnal pain. He was currently only Tylenol #3 and Naprelan. His examination was unchanged, except range of motion was now 0-140 degrees. Work hardening was ordered. The patient underwent an FCE on 02/18/15. He was functioning in the medium physical demand level and his previous employment required the heavy physical demand level. Work hardening was recommended, which was requested on 03/05/15. The patient followed-up with on 04/22/15. He noted he had stiffness, popping, swelling, tenderness, and weakness. Examination was essentially unchanged. A steroid injection was performed in the right knee at that time. It was noted Hyalgan injections would be ordered once approved. It was also noted he would need a medial makoplasty. Ultram and Nabumetone were prescribed. As of 05/15/15, the patient had attended three sessions of work hardening. It was recommended at that time that it be placed on hold, as he had high pain levels and expressed he was to have a partial knee replacement in the near future. On 05/20/15, noted the patient failed work hardening due to pain and needed to proceed with a right knee medial makoplasty. A right partial knee mako arthroplasty with possible total arthroplasty and IP was requested on 06/16/15. provided an adverse determination on 06/29/15 for the requested right knee arthroplasty. On 07/24/15, provided another adverse determination for the requested right knee arthroplasty.

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

The patient is a male who is reported to have sustained a work related injury on xx/xx/xx. The mechanism of his injury was loading paint containers on the back of a work truck when his right foot slipped and got caught. He fell backwards, sustaining a twisting injury to his knee. A right knee MRI performed on 09/29/14 revealed a tear of the posterior horn of the medial meniscus with diffuse thinning of the articular cartilage of all three compartments and a Baker's cyst. The patient subsequently underwent a right knee arthroscopy with a partial medial meniscectomy. Postoperatively, he has undergone at least 15 sessions of formal physical therapy and a portion of a work

hardening program. An evaluation on 01/21/15 documented range of motion from 0-135 degrees with minimal other objective physical findings. He has subsequently continued to complain of pain out of proportion to the documented objective physical findings in the medical record. He underwent an FCE on 02/18/15 with range of motion deficits not supported by either or the physical therapist's examination. In addition, the patient is obese with a BMI of over 36 (he is five feet ten inches tall and weighs 252 pounds) which has not been addressed. The request was subsequently denied on 06/29/15 by orthopedic surgeon. His denial was upheld on reconsideration/appeal by orthopedic surgeon on 07/24/15. Both reviewers' opinions were based upon the evidence based Official Disability Guidelines (ODG) criteria.

The evidence based ODG indication for surgery/knee arthroscopy includes the following criteria:

The criteria for knee joint replacement (if only one compartment is affected, a unicompartment or possible replacement may be considered. If two of the three compartments are affected, a total joint replacement is indicated). The criteria include:

1) Conservative Care: Exercise therapy, supervised physical therapy and/or home rehabilitation exercises and medications, unless contraindicated, non-steroidal anti-inflammatories or viscous supplementation injection or steroid injection, PLUS;

2) Subjective Clinical Findings to include: Limited range of motion less than 90 degrees for a total knee replacement, nighttime joint pain, and no pain relief with conservative care (as above), and documentation of current functional limitations demonstrating necessitative intervention, PLUS;

3) Objective Clinical Findings to include: Over the age of 50 years and a Body Mass Index of less than 40 where increased BMI poses elevated risks for postoperative complication, PLUS;

4) Imaging Clinical Findings to include: 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 and indication with additional strength, or a previous arthroscopy documenting advanced chondral erosion or exposed bone especially if bipolar chondral defects are noted.

The patient's obesity and preexisting degenerative changes, as documented in the medical record, have not been addressed in relationship to his preexisting degenerative knee condition. The claimant did not demonstrate any mechanical symptoms or locking when he was indicated for the arthroscopy. The arthroscopy documented the degenerative changes as noted on both plain films, as well as MRI. Knee arthroplasty is reserved for endstage arthritis, which is not supported by the medical documentation reviewed.

The request does not meet the imaging clinical findings, as his range of motion is not less than 90 degrees and he is only xx-years-old. The patient appears to have early degenerative joint disease which does not support the requested procedure.

Unicompartment arthroplasty is not a consideration in patients with documented bicompartamental disease (patella and the medial compartment). Therefore, the requested right knee arthroscopy is not medically necessary, reasonable, related or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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)**