

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice:

Review Outcome:

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

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Left Knee: Revision of total knee arthroplasty

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 reported a knee injury after hitting his left knee on the bumper of a hitch. The patient was noted to have undergone a total knee replacement XX years ago. The patient was noted to be a smoker. The patient was treated with medications. The patient was noted to have also undergone a revision surgery of the previous knee replacement. The first was unknown and the second was in XXXX. The patient was also placed on modified work duty. The patient underwent diagnostic testing to include an x-ray of the left knee on XX/XX/XX which, after review of the previous films, was determined the femoral stem of the implant was centered along the length of the shaft of the femur without evidence of significant lucency to suggest loosening or infection. The stem of the tibial implant was angled laterally with respect to the tibial shaft. There was a wide irregular lucent zone along the medial and lateral tibial plateaus of the tibial component measuring 3.7 and 3.2 mm respectively consistent with loosening of the implant. No significant loosening about the stem was identified. These findings would be consistent with the loosening of the tibial implant at the medial and lateral tibial plateau component. The patient also underwent a CT of the left knee without contrast on XX/XX/XX which revealed knee joint prosthesis in pseudo with femoral and tibial components showing normal alignment with no evidence of loosening or fracture of prosthesis seen. There were small marginal osteophytes and marginal irregularity over the articular margin of the patella. There was also a small amount of knee joint effusion and diffuse classification in the arteries of the knee joint. The 3 phase bone scan on XX/XX/XX revealed increased biphasic flow to the left knee joint consistent with mild to moderate synovitis, bone scan findings worrisome for early loosening of the long stem femoral component of the left knee prosthesis with activity about the stem. Severe osteoarthritis in the medial compartment of the right knee. The most recent clinic note dated XX/XX/XX revealed the patient complained of bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal wakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs, and weakness. Physical exam of the left knee revealed 110 degrees flexion, 0 degrees extension. The patient's gait was normal with no limp.

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

Per the cited medical literature, a subject failure of a total knee replacement may occur through several mechanisms and diagnosis is made by evidence of progressive radial lucency on serial radiographs and bone scans may also play a role in the diagnosis. Most critical is ruling out the possibility of infection. Once infection is ruled out, the patient with symptomatic aseptic prosthetic failure may be a candidate for revision of total knee arthroplasty.

After review of the clinical documentation submitted for review and the cited medical literature, the medical necessity of a left knee revision of total knee arthroplasty is not medically necessary. The documentation submitted for review indicated the patient has an irregular lucent zone along the medial and lateral tibial plateaus of the tibial component. However, the possibility of infection was not ruled out. Furthermore, an objective physical exam was not provided for review. As such, the requested total left knee arthroplasty revision is medically necessary and the previous decision is 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 AHCPR-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)
Martin, G., MD. (n.d.). Complications of total knee arthroplasty. Retrieved April 06, 2016, from http://www.uptodate.com/contents/complications-of-total-knee-arthroplasty?source=see_link
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)