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Date notice sent to all parties:

January 6, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL Hardware removal Left Knee, APPEAL Left Total Knee Arthroplasty, APPEAL 3 days In-Patient Stay

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

Board Certified Orthopedic Surgeon, MD

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his left knee. The clinical note dated XX/XX/XX indicates the patient complaining of ongoing left knee symptoms. The patient was recommended for the use of a brace at that time. The clinical note dated XX/XX/XX indicates the patient utilizing a brace. The brace had been adjusted and was fitting better. The patient continued with focus on range of motion exercises. The clinical note dated XX/XX/XX indicates the patient stated initial injury occurred on XX/XX/XX when he was involved in a motor vehicle accident while riding a bicycle. The patient sustained a left knee interior cruciate ligament tear. The patient had undergone a patellar tendon graft but was continuing with a popping, locking, and pain. The independent medical examination dated XX/XX/XX indicates the patient presented as an obese white male. An exam of the left knee revealed several scars consistent with an interior cruciate ligament reconstruction. There is indication the patient had a positive Lachman's sign. No instability was identified. No joint line tenderness was

revealed at that time. X-rays of the left knee revealed screws consistent with an ACL reconstruction. Major degenerative changes were identified throughout the left knee. There is indication that the patient had excellent results from the ACL reconstruction. Further surgical procedures were not indicated at that time. The clinical note dated XX/XX/XX indicates the patient continuing complaints of left knee pain. The patient stated the pain was affecting his ability to complete his activities of daily living. There is indication the patient had been utilizing a number of medications to address the numerous ongoing issues. The patient's current weight was 320lbs and the patient stood 69 inches tall. The patient's current BMI was 47.3. The patient did report ongoing use of caffeine and tobacco products. Upon exam, the patient was able to demonstrate 0-135 degrees of range of motion at the left knee. Crepitus was identified throughout the medial region of the left knee. No strength or reflex deficits were identified. No instability was identified. X-rays of the left knee revealed severe tricompartmental degenerative changes with bone to bone narrowing. Two metal screws were identified from a previous ACL reconstruction. The peer review dated XX/XX/XX indicates the patient continuing with left knee pain despite the previous surgical intervention. The review indicates the patient recommended for conservative treatments prior to a total knee replacement. The patient was recommended for injection and conservative therapy as well as ongoing use of medications. There is indication the patient has a psychiatric diagnosis in place along with systemic lupus. Complications have also been identified related to a previous lumbar surgery. The utilization reviews dated XX/XX/XX and xxxxxx resulted in denials as the patient's current BMI exceeds recommendations and there is a lack of information confirming the exhaustion of recent course of conservative therapy.

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

The documentation indicates the patient complaining of ongoing left knee pain despite a previous ACL reconstruction. A total knee arthroplasty along with hardener removal would be indicated provided the patient meets specific criteria to include a BMI of less than 40 and the patient has completed all conservative treatments. No information was submitted regarding any recent involvement with any therapeutic interventions to include therapy or injections. Additionally, the patient has been identified as having a current BMI of 47.3 which exceeds recommendations for the success of the proposed surgical intervention involving an arthroplasty. Given these factors, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a hardware removal at the left knee, total left knee arthroplasty with a 3 day inpatient stay are not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Knee joint replacement

Recommended as indicated below.

ODG Indications for Surgery -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartamental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS
2. Subjective Clinical Findings: Limited range of motion (<90° for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS
3. Objective Clinical Findings: Over XX years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. PLUS
4. Imaging Clinical Findings: 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 an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled nursing facility LOS (SNF)

Hardware implant removal (fracture fixation)

Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. For more information & references, see the Ankle Chapter.