MEDRx

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DATE OF REVIEW: March 28, 2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Left total knee replacement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is 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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of: Left total knee replacement

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a XX who sustained an XX injury on XXXX. Injury occurred when XX was working on XX. XX, injuring XX left knee. XX was diagnosed with partially torn medial and lateral menisci, and underwent left knee diagnostic arthroscopy with partial medial and lateral meniscectomy on XX. The XX left knee MR arthrogram impression documented edema and contusion involving the medial tibial plateau with chondral foci of signal abnormality within the medial tibial plateau and medial femoral condyle, and might represent small osteochondral defects, which could be disposed to osteochondritis dissecans. There was medial femorotibial joint space compartment narrowing with loss of chondral thickness due to underlying osteoarthritis. There was an increase in T2 signal within the distal aspect of the anterior cruciate ligament (ACL) but with preserved striations, indicating no more than grade II ACL sprain. There was a curvilinear increase in signal within the posterior horn of the medial meniscus, raising the concern for recurrent meniscal tear. A review of records

documented conservative treatment in the post-operative period to include activity modification, physical therapy, unloader brace, anti-inflammatory medications, corticosteroid injection on XX, functional restoration program, and Synvisc One injection on XXXX. The XXXX orthopedic report indicated that the patient returned after Synvisc One injection. XX reported that it helped for about XX and then the pain and discomfort returned. XX reported the left knee felt like bone-on-bone. Subjective complaints included left knee pain with popping, grinding and locking. Current medications included Tylenol #3 and Naproxen. Body mass index was 27.95. Left knee exam documented antalgic gait, diffuse soft tissue swelling, and healed surgical scar. There was medial joint line tenderness, peripatellar tenderness, retropatellar tenderness, positive patellofemoral grind test, and diffuse lateral tenderness. Range of motion was limited due to pain, and there was moderate crepitus with motion. There was 4/5 quadriceps weakness due to pain. Anterior drawer test was 2+ and McMurray's test was positive. Standing left knee x-rays were obtained and showed joint space narrowing in the medial and patellofemoral compartments, subchondral sclerosis in the medial compartment, tricompartmental marginal osteophytes, and tricompartmental osteoarthrosis. The diagnosis included left knee traumatic arthropathy, osteochondritis dissecans, and internal derangement. The patient had limited use of the left knee. The patient had agonizing grinding that throbbed at night and limited motion and function. XX had increased difficulty ambulating, standing, and even driving. XX had failed conservative measures including NSAIDs, pain medications, home exercise, prior arthroscopy with meniscectomies, pre- and post-op physical therapy, corticosteroid injections, Synvisc injection, and activity modification. It was noted that imaging showed progressive posttraumatic chondromalacia/osteoarthritis that must be addressed by total knee replacement as another arthroscopy with meniscectomy would contribute to even more "bone-on-bone" complications. XX had increased challenges and difficulty due to the functional limitations of left knee. The treatment plan recommended left total knee replacement to restore function. The XXXX peer review report non-certified the request for left total knee arthroplasty. The rationale stated that the patient underwent a Synvisc injection on XXXX and guidelines stated that surgery should be delayed at least XX following any intra-articular corticosteroid injection due to the risk of infection. Furthermore, there was no documentation of stiffness or nighttime joint pain. The XXXX peer-review report non-certified the reconsideration request for left total knee arthroplasty. The rationale stated that the patient did not fully meet the criteria per the Official Disability Guidelines. XX did not appear to have symptoms that would justify the procedure and the range of motion and ambulatory aids were not mentioned.

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

The prospective request for left total knee replacement is medically necessary. The denial of this request is overturned. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. Specific criteria for knee joint replacement include: Exercise AND medications or injections AND documented significant weight loss effort with body mass index (BMI) greater than 35; PLUS, Stiffness, night-time joint pain, marked daily pain despite conservative care, and documentation of current significant functional limitations including limited mobility: PLUS, Age greater than XX AND BMI less than 40; PLUS, Standing x-rays documenting significant loss of chondral clear space in at least one of the three compartments OR previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted.) Guidelines state that surgery should be delayed at least 6 months following any intra-articular corticosteroid injection due to the risk of infection.

This XX patient presents with persistent left knee pain with associated swelling, popping, grinding and locking. XX has agonizing grinding that throbs at night and limits motion and function. Functional limitations were noted in ambulation, standing, and driving. Clinical exam findings are consistent with x-ray findings of tricompartmental osteoarthritis, noted to be bone-on-bone. XX has failed long-term extensive conservative treatment including NSAIDs, pain medications, home exercise program, corticosteroid injection, Synvisc One injection, bracing, and activity modification. Body mass index is less than 30. The most recent corticosteroid injection was performed on XXXX, greater than XX ago. Guideline criteria have been fully met to support total knee replacement. Therefore, this request for left total knee replacement is medically necessary.

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**
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Knee and Leg (Acute and Chronic)
Updated 2/13/18
Knee joint replacement

☐ **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)**