

**Parker Healthcare Management Organization, Inc.**

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**DATE OF REVIEW:** FEBRUARY 12, 2018

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Total Knee Arthroplasty (27447) of the right knee with Inpatient stay

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX-year-old XX who was injured on XXXX, when XXXX. The claimant was diagnosed with right knee pain and muscle wasting atrophy of the right thigh. There was a past medical history of a patellar fracture in XXXX which was treated with open reduction and internal fixation. X-rays of the right knee on XXXX, documented a stable appearance of the patella status post prior internal fixation. There were subtle irregularities along the anterior surface of the patella, possibly from intraarticular osteophyte formation/osteoarthritis, and osseous deformity likely secondary to prior trauma. There was a small suprapatellar knee joint effusion and arteriosclerotic vascular disease. An evaluation on XXXX, documented right knee pain. Treatment included cortisone injections, physical therapy, bracing, and aquatic physical therapy. There was significant atrophy with full passive extension and flexion to 120 degrees, as well as patellofemoral crepitus and patellar grinding. An evaluation on XXXX, documented complaints of right knee pain and low back pain. Medications included oxycodone, Cymbalta, and Lunesta. The right knee had tenderness of the anterior patella with a mild effusion. A well healed midline scar was noted. Range of motion was full.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

There was a previous non certification on XXXX, was due to lack of appropriate physical examination findings and lack of appropriate imaging findings. The previous non certification is supported. Additional records were not submitted for review. Records do not reflect significant night time joint pain or significant functional limitations including limited mobility as required by the guidelines. There is no indication the Body Mass Index is less than 40. Standing x-rays of the knee documenting significant loss of chondral clear space in at least one

of three compartments were not provided for review. The request for a right total knee arthroplasty is not certified.

Official Disability Guidelines Knee and Leg (updated 01/30/18) ODG Indications for Surgery™ -- Knee arthroplasty: (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.) Criteria for knee joint replacement: 1. Conservative Care: (a) Exercise therapy (supervised PT and/or home rehab exercises) AND (b) Medications (unless contraindicated: NSAIDs OR Viscosupplementation injections OR Steroid injections) {Surgery should be delayed at least 6 months following any intra-articular corticosteroid injection due to the risk of infection}. AND (c) Documented significant weight loss effort with BMI > 35 PLUS 2. Subjective Clinical Findings: (a) Stiffness AND (b) Nighttime joint pain AND (c) Marked daily pain despite conservative care AND (d) Documentation of current significant functional limitations including limited mobility. PLUS 3. Objective Clinical Findings: (a) Over 50 years of age AND (b) Body mass index (BMI) < 40, as increased BMI poses elevated risks for post-op complications. {Pre-operative bariatric surgery is not supported, but may be otherwise indicated for unrelated medical (disease of life) reasons} PLUS 4. Imaging Clinical Findings: Osteoarthritis on either (a) Standing X-ray (documenting significant loss of chondral clear space in at least one of the three compartments; varus or valgus deformity with medial or lateral loss of joint space) OR (b) Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted).

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)