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Notice of Independent Review Decision

December 18, 2017

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Total knee replacement surgery (27447, 20680)

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

REVIEW OUTCOME:

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

X 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 XXXX XXXX who was injured on XXXX. The patient fell and landed on the right knee while XXXXX.

On XXXX, the patient underwent right knee arthroscopy and chondroplasty by XXXX. The postoperative diagnoses were right knee chondral fracture of the distal femur (Medial aspect of the trochlear groove) and grade III chondral damage of patella.

On XXXX, the patient underwent arthrotomy with OATS procedure by XXXX. The postoperative diagnosis was traumatic arthropathy of the right knee.

XXXX: No records available.

On XXXX, XXXX, saw the patient in an initial evaluation. The patient complained of the right knee pain and weakness. The patient was treated with NSAIDs, ibuprofen, tramadol and hydrocodone in the past. The patient also underwent three surgeries first in XXXX, arthroscopic debridement with microfracture, second for placement of cadaver cartilage and third in XXXX with partial knee replacement involving the patellofemoral joint. The current pain level was at 7-10/10. On exam, the right knee showed zero degrees of varus. The range of motion (ROM) was 0-100. The patient had limping and antalgic gait while walking. The patellar grind test was positive with pain on the lateral

edge on palpation and palpable lateral defect, compatible with the lateral retinacular release. The medial/lateral stress test showed 0 mm of motion. No swelling and no effusion noted. X-rays of the right knee showed patellofemoral replacement with the metal implant 4 mm above the femoral cortex. The patella was stable but appeared to be slightly thickened and the linear measures 11 mm from the cement mantle to the metal implant. The alignment and rotation were within normal limits. The diagnoses were right knee posttraumatic degenerative joint disease (DJD) with partial knee replacement (Patellofemoral joint) and right knee primary osteoarthritis (OA). A long stabilizing knee brace with locking hinges was provided for the right knee.

On XXXX, the patient underwent right patellofemoral replacement (Avon procedure) by Dr. XXXX. The postoperative diagnoses were patellofemoral arthritis of the right knee with a long history of a multiple patellofemoral that failed.

On XXXX, computed tomography (CT) of the right knee was performed. The study showed unicompartmental patellofemoral arthroplasty with no evidence of complications, small marginal osteophytes, and no significant joint space narrowing. There was no fluid collection or osteolytic lesions identified about the right knee. There was no acute fracture or dislocation.

On XXXX, Dr. XXXXX evaluated the patient in a follow-up office visit. The patient reported no help with a knee brace. The patient continued to have severe pain. On exam, there were zero degrees varus and valgus. The ROM was five to hundred degrees. The patient had trouble getting out of a chair without using her hands on the armrest. The patellar grind test was positive with pain on the lateral edge on palpation and a palpable lateral defect compatible with a lateral retinacular release. There was abnormal lateral tilt of the patella which was laterally subluxed on ROM testing. There was a pain on palpation of the medial femoral condyle. The medial/lateral and anterior/posterior stress test showed 0 mm of motion. There was no swelling or effusion. The diagnosis was right knee continued severe pain post replacement. The patient was advised to continue home exercise program (HEP) and usual work.

On XXXX, XXXX, M.D., saw the patient in an initial office visit for persistent right knee pain. The patient had a history of recurrent patellar dislocation as a teenager. The patient reported dislocation of the patellofemoral joint with increased pain. The patient had pain causing frequent falls. On exam, there was some mild medial and lateral joint line discomfort. The patient had full extension and flexion. The patella was tracking well. The patient had increased medial and lateral translation of the patella with discomfort and apprehension. X-rays of the right knee showed well positioned patellofemoral component. The patella was tracking in the patellofemoral groove. The patella measured 26 mm in height. The diagnosis was mechanical complication of the internal orthopedic device, implant/graft. Dr. XXXXX opined initial nonsurgical management with a patellofemoral tracking brace as well as quadriceps strengthening program could alleviate the patient's mechanical instability of the patellofemoral joint. There was the possibility of surgical intervention to include patellofemoral reconstruction or a medial capsular reefing and imbrications versus a complete full below-knee replacement, but considering the patient's age, any major surgical intervention could be avoided at this point. Patellar tracking orthosis was ordered. The patient was placed off work.

On XXXX, XXXX, M.D., saw the patient in a follow-up evaluation for persistent sharp right knee pain with limited function. The level at rest was 6/10. There was more pain with ambulation and activities of daily living (ADLs). The past medical history was positive for type 2 diabetes mellitus (DM). The current medications included Lortab, Xanax, metformin and tramadol. On exam, there was antalgic gait. There was effusion, crepitates at the patellofemoral joint instability and tenderness at the medial joint line. The McMurray's and patellar grinding test were positive. There was negative varus/valgus stress

test. The ROM was restricted. X-rays of the right knee showed status post patellofemoral replacement. There was medial compartment consistent with post-traumatic arthritis of the medial compartment. The diagnosis was other internal derangement of the right knee. Dr. XXXX opined XXXX and imaging findings were consistent with work-related right knee post-traumatic arthropathy with progression into the medial compartment and the patient also had multiple failed surgeries. The patient would benefit from total knee replacement surgery, postoperative walker, quad cane, three in one commode and postoperative mechanical deep vein thrombosis (DVT) prophylaxis with use of Venapro devices and postoperative right knee therapy. Ultram was prescribed.

Per utilization review dated XXXX, the request for postoperative DVT prophylaxis with use of Venapro, walker, Quad cane and three in one commode was not certified on the basis of following rationale: "*The patient does not meet guideline criteria fur total knee replacement."*

Per utilization review report dated XXXX, the request for right total knee replacement was denied on the basis of the following rationale: "*Per guidelines, total knee replacement is indicated as an option for patients over XXXX of age after the failure of conservative treatment, when there are findings of stiffness, nighttime joint pain, and minimal pain relief with conservative care including physical therapy as well as viscosupplementation or steroid injections. There must be significant osteoarthritis demonstrated by imaging with 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. There must be documentation of a BMI of less than 40 where increased BMI poses elevated risks for post-op complication, and documentation of significant functional limitations demonstrating the necessity of intervention. In this case, the records do not establish if the patient has failed to respond to injections of the knee as recommended by current evidence-based guidelines before consideration of total knee arthroplasty. In addition, the XXX, report from Dr. XXXX does not provide documentation of the patient's height and weight as measured during the examination. Height and weight was self-reported by the patient. It is unclear if BMI is currently less than 40 as required by guidelines for consideration of total knee arthroplasty. Further, the recent CT scan report clearly notes that there is no significant joint space narrowing. Guidelines require imaging evidence of significant loss of chondral clear space. As such, the patient does not meet guideline criteria for the requested procedure. Therefore, my recommendation is to NON-CERTIFY the request for Outpatient Right Total Knee Replacement."*

Per a note from XXXX, XXXX, dated XXXX, the patient's weight was XXXX and BMI XXXX.

Per reconsideration by XXXX, M.D., dated XXXX, the request for total knee replacement surgery was not certified on the basis of following rationale: *There is no previous viscosupplementation or steroid injection. There are no significant functional limitations. There is no standing x-ray revealing a significant loss of chondral space. The request was previously noncertified, but the non-certifying physician, date of noncertification, and medical reason for noncertification was not provided. There does not appear to be additional documentation submitted to support the request. The request remains noncertified. According to the guidelines, a knee arthroplasty may be performed when there is evidence of failed conservative treatment to include physical therapy, NSAIDs, and viscosupplementation injections or steroid injections to the knee joint, as well as subjective complaints of stiffness, nighttime joint pain and documented significant functional limitations. There is no objective medical evidence provided that the claimant had received a previous viscosupplementation or steroid injection of the knee joint. Also, there is no mention of the claimant having significant functional limitations due to the reported symptoms of the right knee joint. The guidelines also state there must be evidence of significant loss of chondral clear space on standing x-ray of the knee joint. While there was evidence of a normal x-ray of the right knee joint, as well as a CT scan, there is no evidence of a standing x-ray*

which revealed a significant loss of chondral space to support the request The appeal request for total knee replacement of the right knee is not certified."

Per correspondence from XXXX., dated XXXX, Dr. XXXXX notified about the denial.

On XXXX, an IRO request was placed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The medical documentation submitted by Dr. XXXX requesting total knee arthroplasty for end-stage multicompartment arthritis appears to substantially contradict the opinion of Dr. XXXX who recommended further conservative management for patellar instability after remote PF arthroplasty. This is of substantial concern, and highlights the absolute necessity of proper documentation supporting Dr. XXXX request for total knee arthroplasty. The proper documentation appears NOT to have been provided, as delineated by the previous preauthorization reviewers. Dr. XXXX has NOT provided evidence of substantial joint space narrowing in multiple compartments with weight-bearing x-rays, as required by ODG, and has not explained the LACK OF EVIDENCE of joint space narrowing or substantial degenerative arthritis on the CT scan. Dr. XXXX has NOT documented appropriate conservative treatment, as required by ODG. Dr. XXXXX has NOT documented the BMI, as required by ODG.

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*}. 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 (unless severe post-traumatic arthritis) AND
(b) Body mass index (BMI) < 40, as increased BMI poses elevated risks for post-op complications. 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). (Washington, 2003b) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES