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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX total XX replacement

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 XX-year-old XX who sustained a work injury on XX. XX sustained a XX XX and XX contusion and a XX XX XX sprain.

On XX, an MRI of the XX XX was performed at XX and interpreted by an unknown provider. The indication of the study was status post XX and medial pain. The study showed: 1) High-grade XX of the XX XX XX XX/mild XX XX change. 2) Mild XX XX XX without a tear. (Incomplete medical document).

On XX, XX performed a diagnostic surgical arthroscopy with abrasion XX of the medial XX XX and XX XX XX with XX drilling. The postoperative diagnoses were Grade 4 XX, medial XX XX, the size of a XX-XX piece and Grade 4 XX, lateral XX XX, the size of a XX.

On XX, x-rays of the XX XX were performed at XX and interpreted by XX. The study showed: 1) XX XX, most pronounced within the XX compartment. 2) XX effusion.

On XX, the patient was seen by XX for XX XX complaints. The patient complained of severe pain, discomfort, cracking/popping, burning sensation, giving away and swelling. XX was noted to have instability and XX XX to assist with XX. XX had difficulty with XX XX and XX and had limited XX. Reportedly, XX had been doing XX but was not making progress. The XX XX examination revealed diffuse XX XX swelling, effusion and XX XX. XX used XX for XX. Old XX XX were noted. On palpation, diffuse lateral tenderness, medial joint line tenderness, XX tenderness, positive XX grind test and positive XX test were noted. The XX XX range of motion (ROM) was limited due to pain and swelling. There was XX with motion. The XX strength was 4/5 with XX XX. MRI of the XX XX from XX was reviewed. The study showed high-grade XX of the XX facets with XX XX marrow XX/mild XX XX changes. Mild proximal XX XX was noted without a tear. Mild XX inferior surface fraying/tearing of the posterior XX of the medial XX along the XX zone, near the capsule margin was noted. Moderate central XX XX and articulating XX XX extending approximately XX mm XX XX was noted. Acute grade 2 proximal XX sprain mild XX/fluid along the XX XX was noted. Partial-thickness central XX XX XX irregularity extended XXmm XX XX. Soft tissue XX extended along the XX XX. The diagnoses were other tear of medial XX of the XX XX and sprain of unspecified site of XX XX. XX noted that XX injection was denied even though there was diagnostic MRI and x-ray evidence and intra-operative evidence of XX XX/OA. The patient was prescribed a functional XX XX for support. Recommendation for resubmittal of XX XX Injection was provided. MR Arthrogram of the XX XX was ordered.

On XX, a pre and post MR arthrogram of the XX XX was performed at XX and interpreted by XX. The study showed: 1) Posterior XX medial XX tear with inferior articular surface extension. 2) Small tear toward the inner XX of the anterior XX of the XX XX with superior articular surface extension. 3) Areas of bone XX were present, compatible with contusion from the patient's injury within the weightbearing medial XX XX and the anterior medial XX! Plateau. The weightbearing medial XX XX cartilage demonstrated deep fissuring, thinning, and injury compatible with MR stage II-III XX. There were similar changes within the lateral XX XX cartilage. No loose or unstable cartilage fragments were seen. 4) MR stage III XX was present within the XX cartilage with underlying bone XX. There was MR stage I XX within the XX XX. 5) Intact XX and collateral ligaments of the XX was noted. 6) Large XX XX.

On XX, the patient was seen by XX status post MR arthrogram of the XX XX. The patient also reported short term improvement with XX injections given after surgery on XX. The XX XX examination revealed diffuse soft tissue swelling, XX and XX XX. XX used XX for assistance. On palpation, diffuse XX tenderness, medial joint line tenderness, XX tenderness, positive XX grind test and positive XX test were noted. The XX XX range of motion (ROM) was limited due to pain and swelling. There was XX with motion. The XX strength was 4/5 with XX atrophy. MR arthrogram of the XX XX was reviewed. The diagnoses were other tear of medial XX of the XX XX, sprain of unspecified site of XX XX, XX XX XX XX, XX XX of XX space of XX XX and traumatic XX of the XX XX. XX noted that the patient had not returned to workplace after XX surgery in XX secondary to

increased challenges and difficulty due to functional limitations of the XX XX. XX opined that the patient's XX XX joint was compromised and it was pertinent to restore functional use and motion of the joint. The XX total XX arthroplasty was recommended to restore functional use of the XX XX. Risk of having a XX at a XX XX of XX was discussed with the patient.

On XX, XX completed a pre-authorization request for XX total XX replacement.

On XX, XX, completed a Utilization Review and denied the request of XX total XX replacement. The rationale for denial: *"The patient's clinical scenario does support a XX replacement. With the XX XX of XX being significantly less than recommended XX XX of XX and there being a lack of an adequate discussion with the patient documenting the issues with total XX replacement, the requested XX total XX replacement is not necessary"*.

On XX, XX completed a reconsideration request for the denied service of XX total XX replacement.

On XX, XX, completed a Utilization Review for the upheld services of XX total XX replacement. Rationale: *"Arthroscopic debridement of the XX for early OA is not recommended or supported by ODG. The aggressive debridement usually accelerates the OA progression. There are no weightbearing films to document joint space narrowing. ODG clearly does not support total XX arthroplasty before age XX, because of the high complication rate of the predicted revisions. Frustration with the Guidelines are understandable when there seems little other choice, but the Guidelines have good clinical/research support. A course of supervised weight loss (current BMI XX} and documented NSAID usage (only PRN now) would support an Appendix D exception, however now the Non-Certification is upheld."*

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

The documentation for review is limited. The mechanism of injury is not well defined. Despite this, the initial MRI, the arthroscopy, and the postoperative MR-arthrogram findings are consistent with degenerative arthritis, not an acute XX injury.

The ODG criteria for XX do NOT appear to have been met, per the preauthorization reviewing physicians' determinations (XX and XX). Even IF the claimant was XX XX of XX, assertive conservative (post-arthroscopy) treatment for XX symptoms has not been completed. There is no compelling medical evidence to recommend XX outside of ODG criteria.

XX

Medically Necessary

X Not Medically Necessary

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES