California Orthopaedic Association

Workers' Compensation Utilization Review Checklist

Total Knee Replacement

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. You can utilize other high quality guidelines to document medical necessity.

Attach or copy the below checklist into your Request for Authorization (RFA) and attach a copy of the research justifying the procedure, if appropriate. Having a summary of care to date to add to the checklist facilitates approval.

Workers' Compensation Utilization Review Checklist
Total Knee Replacement

Patient name: _____ Claim #:_____

Total Knee Replacement (TKR)	**Present if checked**
DWC - MTUS Treatment Guidelines	
Exercise therapy (supervised PT and/or home rehab exercises)	
AND	
Medications (unless contraindicated) NSAIDS	
OR	
Viscosupplementation	
OR	
Steroid injections	
AND	
Discussion of weight loss	
AND	
Sufficient symptoms and functional limitations, such as impairment of activities of daily living or occupational tasks	
PLUS	
Osteoarthritis on standing x-rays (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity as indication with additional strength (ODG)	
OR	
Previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted (ODG)	
OR	
When physician has documented failure of the primary surgery	

Knee Arthroplasty for Moderate to Severe Arthritides

Strongly Recommended. Knee arthroplasty is strongly recommended for severe arthritides.

Strength of Evidence – **Strongly Recommended, Evidence (A)**

Indications – All of the following present: 1) severe knee degenerative joint disease that is unresponsive to non-operative treatment (rare cases may include osteonecrosis of the distal femur or tibial plateau with collapse or lack of response to non-operative treatment); 2) sufficient symptoms and functional limitations, such as impairments of activities of daily living or occupational tasks, and

3) failure to successfully manage symptoms after a prolonged period of a conservative management plan that included NSAIDs, exercise, physical or occupational therapy, and where appropriate, weight reduction, intraarticular viscosupplementation, and corticosteroids. Carefully selected patients may be candidates for bilateral arthroplastic procedures. However, particular attention should be paid to pre-operative medical fitness and psychological fortitude.

Unicompartmental Knee Arthroplasty for Largely Unicompartmental Disease

Recommended. Unicompartmental arthroplasty is recommended for largely unicompartmental disease.(1597, 1598)

Strength of Evidence – **Recommended, Evidence (C)**

Updated: December, 2018