

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

Amended April 25, 2007
April 18, 2007

DATE OF REVIEW:
APRIL 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee surgery for removal of hardware w/ bone grafting. The request is for the medical necessity of right open treatment of the patella fracture, hardware removal.

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

Board Certified Orthopedic surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Right knee MRI, 08/10/06
Operative report, 08/16/06
Office note, Dr. 11/13/06
Office note, Dr. 12/13/06, 01/08/07, 01/29/07, 02/23/07 and 03/12/07
Right knee CT scan, 12/21/06

Letter from Dr. 03/14/07
Health Providers note, 03/21/07
Peer review, 01/26/07 and 02/15/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This Patient sustained a right comminuted patella fracture and subsequently underwent an open reduction and internal fixation of the right patella tendon and repair of quadriceps tendon and capsule. The records indicated that the Patient continued to have progressively worsening pain in the right knee postoperatively along with mechanical instability with walking.

A CT scan of the right knee done on 12/21/06 showed post-operative changes over the patella, slight narrowing of the medial joint space, possible demineralization of bones, and multiple metallic wires causing artifact on the CT scan. Clinical correlation with plain films of the patella was recommended. X-rays of the right knee done in January 2007 showed a five millimeter gap to the inferior and superior pole of the patella and a nonunion/ mal-union of the patellar fracture as well as a tilt and rotation of the inferior pole. Surgery in the form of an arthroscopy, open reduction, removal of hardware, meniscectomy, chondroplasty, removal of loose bodies and synovectomy was recommended.

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

It appears from the records that the Patient is a gentleman who underwent on open reduction and internal fixation of the right patella tendon and repair of the quadriceps tendon and capsule for the diagnosis of a comminuted patella fracture with quadriceps tendon rupture. Postoperatively, the initial x-rays showed slight meniscal allograft-union with some flexion of the distal fragment although the hardware appeared to be in place. The Patient continued to treat with Dr. and underwent a 12/21/06 CT scan of the right knee whose report described the mineralization of the bones as well as artifact from the wires. Dr. saw the Patient on 01/08/07 with a diagnosis of a possible non-union of the patella with the patella tilt and discussed hardware removal, bone grafting, open treatment of patella fracture, application of long leg cast and removal of hardware. Since that time, Dr. has seen the Patient on a couple of different occasions and written letters indicating that the Patient has a clinical nonunion of the patella as well as subsequent failure of the quad tendon and patella tendon repair leading to atrophy.

Two previous orthopedic surgeons, retained by the URA, have reviewed this case and denied the requested surgery, the last one being the 02/15/07 review by Dr.. If the Patient has a quad tendon/patella tendon disruption then the only treatment option at the Patient's age is surgery, and Dr. has documented specific diagnoses which can only be treated by surgery.

This Reviewer concludes, based on the evidence provided by the IRO, that this procedure is in fact medically necessary.

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
- 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
- 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)