



Specialty Independent Review Organization

DATE OF REVIEW: 7/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a bilateral knee manipulation.

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

The independent reviewer is a board certified orthopedic surgeon with greater than 20 years of experience.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the carrier and from the requesting physician.

Letters: 5/22 and 6/6/2007.

Records from Doctor/Facility:

MD, Reports: 3/8 through 6/22/2007.

OP Note: 2/8/2007.

Add'l Records, Carrier:

Letter: 6/27/2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured. Injury resulted in surgery. Surgery was an ORIF of the left tibial plateau with medial locking plate, ORIF right tibial plateau with medial locking plate, open repair right meniscus, removal of the external fixator from the left leg, and removal of hardware right knee.

Following the surgery the patient has received physical therapy and has restricted range of motion of both knees. Right knee lacks 15-20 degrees of full extension and the left knee 5-10 degrees of full extension. Range of motion has not improved with the physical therapy.

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

A flexion contracture with a loss of extension is usually caused by fibrosis and contracture of the retropatellar fat pad associated with limited excursion of the patella. If the surgical incision extended into the suprapatellar region, a fibrous band may form between the femur and quads. Manipulation under anesthetic has no high quality scientific studies to prove the efficacy. This also fits the ODG criteria which states manipulation of the knee is not recommended.

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)