



Notice of Independent Review Decision

DATE OF REVIEW: 8/18/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a right knee patellofemoral arthroplasty.

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

A Texas licensed 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.

The previously denied request for a right knee patellofemoral arthroplasty.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet/Note/Comment/Message dated 8/4/08, 8/1/08, 6/17/08, 6/6/08, 10/9/07, 8/23/07.
- Notice to , Inc. of Case Assignment/Instructions dated 8/4/08.

- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/4/08.
- Notice of Assignment of Independent Review Organization dated 8/4/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/1/08.
- Request Form Request for a Review by an Independent Review Organization dated 7/1/08, May 2007.
- Pre-Authorization Determination Notification Letter dated 6/25/08, 6/12/08, 8/30/07, 8/23/07, 8/13/07, 8/10/07, 7/18/07, 5/2/07, 4/27/07.
- Surgery Reservation Sheet dated 6/6/08, 8/21/07.
- Orthopedic Report/Treatment Plan dated 6/2/08, 3/24/08, 3/10/08, 3/5/08, 2/13/08, 2/6/08, 1/28/08, 12/27/07, 12/17/07, 11/8/07, 10/25/07, 8/16/07, 5/16/07, 4/19/07, 3/19/07.
- Right Knee X-Ray dated 6/2/08, 3/5/08, 4/19/07.
- Computerized Muscle Testing (CMT) and Range of Motion (ROM) Report dated 3/24/08, 3/10/08, 3/5/08, 1/28/08, 12/12/07, 5/16/07, 4/19/07.
- Report of Medical Evaluation dated 3/7/08, 8/6/07.
- Texas Workers' Compensation Work Status Report dated 2/20/08.
- Designated Doctor Examination Report/Letter dated 2/20/08.
- Initial Evaluation Note dated 11/28/06.
- Medical Report dated 11/17/06.
- Operative Report dated 11/6/06, 10/16/07.
- Right Knee Arthroscopy Procedure Images dated 10/16/07, (unspecified date).
- Scheduling Information dated 10/16/07, 10/2/07.
- Designated Doctor Evaluation Report/Letter dated 7/31/07.
- E-Mail Message dated 5/2/07.
- Follow-Up Visit Chart Note dated 12/20/06, 11/17/06, 10/27/06.
- Initial Orthopedic Consultation Report/Letter dated 8/30/06.
- Right Knee MRI dated 10/19/06, 11/18/05.
- Patient Information Summary (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years old
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: a fall striking her knee on concrete.

Diagnosis: Arthroscopic medial plica resection, chondroplasty and patella and trochlear medial femoral condyle, medial tibial plateau, lateral tibial plateau, and failing to respond to conservative treatment.

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

The claimant is a xx-year-old female with a date of injuryxx/xx/xx. The mechanism of the injury was a fall, striking the knee concrete. Subsequently, she had surgery on November 6, 2006 for arthroscopic medial plica resection, chondroplasty and patella and trochlear medial femoral condyle, medial tibial plateau, lateral tibial plateau. The claimant postoperatively had conservative treatment and then with follow-up by Dr. on an ongoing basis. A diagnostic arthroscopy was requested bur Dr. and performed on October 16, 2007 noted lateral retinacular release, chondroplasty of the patella, medial femoral condyle. The claimant again was followed postoperatively by Dr. with physical therapy being prescribed. Dr. in a subsequent office note indicated meniscal debridement as one of the procedures performed at surgery and the operative report did indicate the medial meniscal tear debridement. The claimant subsequently while being followed by Dr had postoperative arthritis. The diagnosis included with patient failing to respond to conservative treatment. There was an evaluation by Dr. on February 20, 2008 where in he noted on his physical examination painful crepitus, manipulation of the patella, normal tracking of the patella, medial and lateral joint line tenderness with swelling and effusion noted. His diagnosis was preexisting chondromalacia of all three compartments, status post chondroplasties, status post resection of plica, partial medial meniscectomy and lateral release and the claimant had not reached maximum medical improvement (MMI) as of his February 20, 2008. The patient then continued with treatment with Dr and as of the March 24, 2008, request for Supartz injections for the posttraumatic arthritis was indicated. On June 2, 2008, it noted the claimant still complaining of pain after the Supartz injections as of the June 2, 2008. He felt the claimant had exhausted non-operative treatment and patellofemoral arthroplasty was requested. There was a report with page 1 missing by , M.D., orthopedic surgeon that noted on an unknown date the clamaint having past history of deep venous thrombosis (DVT) with Coumadin therapy. The claimant could work sedentary to light duty and had not reached MMI. After his examination, revealed 3+ pretibial edema on the right and 1+ on the left. The rationale for non-certification of the patellofemoral arthroplasty of the right is that this time it is still considered an investigational procedure with lack of quality long-term outcome based randomized clinical trial studies. The ODG states, "Patellofemoral Syndrome (PFS): While commonly treated with arthroscopic patellar shaving, this procedure is not proven in terms of long-term improvement...Non-surgical intervention for PFPS (patellofemoral pain syndrome): Under study. The evidence to support the use of physical intervention in the management of PRPS is limited."

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Knee—Nonsurgical Intervention for Patellofemoral pain syndrome.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

Surgical Techniques in Total Knee Arthroplasty, 2002. Editors J.N. Insall, G.R. Scuderi, A.J. Tria New York: Springer-Verlag.