

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed open debridement of patellar tendon and DME breg athroscopy knee brace

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.64	open debridement of patellar tendon		Prosp	1					Overturned
726.64	DME breg athroscopy knee brace		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 24 pages of records received to include but not limited to: letters 9.2.08, 10.3.08; provider list; letter 9.25.08; request for an IRO forms; notes, Dr. 8.12.08-9.19.08; MRI knee 8.12.08; treatment history

Requestor records- a total of 10 pages of records received to include but not limited to: request for records; Dr. notes 8.12.08-9.19.08; MRI knee 8.12.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a left partial patellar tendon tear in xxxx. The patient has continued to report pain in the knee, but symptoms worsened in April 2008.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The medical necessity has been established. As generally expected in many of these problems, patellar tendonitis will resolve through non-operative treatment with rest, NSAIDS, rehab, and surgical intervention as a last resort after at least 6 months of non-operative treatment. The patient had rehab, rest, cortisone injections over a 6 month period of time including other treatments which included E stim ultrasound, therapeutic exercises with no improvement. This problem dates back to April of 2008 or even before. An MRI was obtained dated 04/17/2008, consistent by report with proximal lateral patellar tendon swelling and partial disruption. A repeat MRI dated 08/12/2008 was consistent (by report) with moderate patellar tendinopathy with abnormal signal in an enlarged proximal patellar tendon and mild marrow edema at the inferior pole of the patella. The findings were noted to be stable and minimally improved from a prior study.

A note is made of the marrow edema, which would tend to suggest a stress reaction with occasionally results in a stress fracture. The patient has continued to have symptoms despite the treatments over this period of time. The URA denials that no non-operative care has been done is inaccurate based upon the records reviewed.

There is no evidence-based information which supports the notion that there is an increased risk of arthritic or degenerative development later on. While the patient may well develop degenerative changes at some point in life, there is no information which would tend to state that this procedure will cause it, or increase the likelihood of it.

The use of a brace has determined to be indicated by ODG guidelines for reconstructed ligaments.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (AALS Orthopedic, 9: Chapter 4; Campbel's Operative Orthopedics)