

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with Oats procedure

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

MD, 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.

The reviewer finds that left knee arthroscopy with Oats procedure is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/24/08, 7/18/08

ODG Guidelines and Treatment Guidelines

, MD, 7/8/08, 4/22/08

Left Knee MRI C/S Contrast, 5/5/08

Left Knee Arthrogram, 5/5/08

, 11/15/06, 2/2/08, 3/24/08, 3/18/08, 2/4/08, 3/18/08, 2/1/08

MRI, 9/26506

, MD, 11/13/06

FCE, 1/22/08
, MD, 8/22/06, 8/10/06, 7/27/06, 9/1/06, 10/31/06
X-Ray, 6/22/06
, June 2006-January 2007
Dr. , 7/12/06-8/24/06
, 7/5/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who is xx years of age. She was initially injured on xx/xx/xx when her shoe got caught on a nail. She ended up with a patellar fracture, medial collateral ligament injury, and possible meniscal injury. She underwent a left knee arthroscopy and medial collateral ligament repair on 03/15/07. She was prescribed by Dr. a bone growth stimulator for reasons that are not clear. She followed up intensively for pain management, psychological management, and chronic pain therapy for multidisciplinary program. She continued to be symptomatic. She came under the care of Dr. who found ongoing pain with range of motion, crepitus, and antalgic gait. He noted on review of the intraoperative arthroscopic pictures that there was an 8-mm area where chondroplasty was performed on the weightbearing surface of the medial femoral condyle, and there appears to be a large defect there. The previous reviewer notes that there is no good documentation of full thickness defect, even though there was a chondroplasty performed in March 2007.

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

The reviewer finds that the previous adverse determination is upheld. There is an absence of documented full-thickness defect, and because of this the patient does not meet the criteria in the ODG guidelines for the OATS procedure. In addition, the patient is slightly older than is recommended by the ODG Guidelines. The reviewer finds that left knee arthroscopy with OATS procedure is not 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)