



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 12/14/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for right knee arthroscopy, possible lateral retinacular release, medial retinacular repair and abrasion chondroplasty of the patella femoral joint with one assistant surgeon between 11/3/09 and 1/2/10.

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

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 right knee arthroscopy, possible lateral retinacular release, medial retinacular repair and abrasion chondroplasty of the patella femoral joint with one assistant surgeon between 11/3/09 and 1/2/10.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 11/24/09.
- Examination Report dated 11/19/09, 10/22/09
- Determination Notification 11/10/09, 10/29/09.
- Recommendation Outline Summary dated 11/9/09, 10/29/09.
- Preauthorization Request dated 11/9/09.
- Early Compensability Assessment dated 11/5/09.
- Texas Workers' Compensation Work Status Report dated 10/22/09
- Right Knee MRI dated 10/14/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall.

Diagnosis: Grade 1 sprain medial to lateral ligament and lateral tracking patella.

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

This male sustained an injury on xx/xx/xx. The mechanism of injury was a slip and fall. The diagnosis was grade 1 sprain medial to lateral ligament and lateral tracking patella. An MRI of the right knee, performed on xx/xx/xx, noted mild degenerative signal posterior horn of the medial meniscus extending to the anterior articulating surface, which could represent a subtle horizontal tear, degeneration of the lateral meniscus with moderate excursion of the lateral gutter, moderate to severe cartilage wear, and lateral compartment and severe cartilage wear of the patella. The ligaments were intact. Noted were a small effusion with a small Baker cyst and significant bony edema of the patellofemoral surface with no loss of subarticular surface of the patella. A complete medial retinacular tear was noted. The lateral retinaculum was also tight with dramatic articular surface changes to the patella with subchondral edema demonstrating the acuteness of the injury. The patient did have a physical examination on xx/xx/xx, which documented medial and lateral pain on McMurray's testing with the effusion. At that time, there was no evidence of a patellar dislocation. In Dr. November 19, 2009, report, he indicated that the prior UR determination, of xx/xx/xx, stated that the patient had no plain X-rays which documented the position of the patellar deformity within the condylar groove. Dr. noted that was incorrect and he had documented significant chondral changes of patella with subluxation of the patella, as well as patellar tilt and subcondylar changes in the knee. He went on to note significant pain and crepitus with not only joint line pain but patellofemoral pain, crepitus and pain with full flexion. He went on to state that imaging and clinical findings suggested not only chondral defects and lateral

subluxation of the patella but the plain films also did. The patient had been treated with anti-inflammatories and had knee pain while sitting or getting up from the chair. The previous review, from Dr., noted that there was no plain film X-ray documentation of the position of the patella where there was patellar tilt or deformity within the groove and he noted, in the case discussion, that Dr. suspected the patellar dislocation. After reviewing the records, it appeared that there were findings that documented that the medial retinaculum was torn. There was a tight lateral retinaculum and there were changes of the patella that would indicate the acute injury, which would support a probable patellar dislocation and, at this time, this reviewer feels that the patient does meet the ODG criteria for a lateral release as there had been conservative care, including medications, and physical therapy is not required for an acute patellar dislocation, which this reviewer feels was been noted on the MRI as findings that would support an acute dislocation with spontaneous reduction. Subjectively, the patient had pain with patellofemoral movement. There were objective findings of lateral tracking of the patella with effusion and there were imaging findings of the abnormal patellar tilt, per Dr. discussion. Therefore, at this time, surgery for the lateral retinacular release and the medial retinacular repair with chondroplasty is medically indicated and within the ODG criteria for those procedures. (see below).

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, 7th Edition (web), 2009, ODG Indications for Surgery -- Lateral retinacular release:

Criteria for lateral retinacular release or patella tendon realignment or maquet procedure:

1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS
2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS
3. Objective Clinical Findings: Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS
4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI.

- 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).