Southwestern Forensic Associates, Inc.

DATE OF REVIEW: 06/09/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left knee debridement of subcutaneous tissue of major peripheral nerve including transposition.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering postoperative complications

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

___X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

The ODG guidelines were not utilized in this review, as the reviewer felt they did not appropriately address the issues in this case.

INFORMATION PROVIDED FOR REVIEW:
1. forms
2. TDI referral forms
3. Denial letters 04/09/09 and 04/27/09
4. Requestor records
5. Clinical notes, nine entries between 10/01/08 and 05/08/09
6. URA records
7. Utilization letter, 05/22/09
8. Utilization review, TDI forms, professional reviews dated 04/09/09 and 04/27/09
9. confidential information
10. MRI scan of left knee, 02/13/09
11. Form 73, 04/21/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This unfortunate male injured his left leg on xx-xx-xx. He slipped in water and twisted his left knee. He was treated conservatively. He underwent a number of arthroscopic surgical procedures, the last of which was 07/14/08. At that time he underwent a left knee arthroscopy and medial meniscal repair. He has suffered persistent left knee pain, which is now attributed to saphenous nerve neuritis. He also has suffered wound complications suggestive of foreign body reaction to the suture material utilized in the meniscal repair. Most recently a recommendation has been made to explore the wound for suture removal and saphenous nerve debridement and possible transposition. This surgical recommendation has been reviewed, denied, reconsidered, and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
There appears to be little justification for exploration of the saphenous nerve documented in the medical records. Specifically, prior denials have pointed out that no electrodiagnostic studies have been performed. On 05/08/09 the clinical note indicates that a request for such electrodiagnostic studies would be submitted; however, current records do not include the results of such studies. In the absence of studies which would indicate entrapment of the saphenous nerve or other compressive compromise of the nerve function, debridement of such cannot be justified. The medical necessity for such a surgical procedure has not been established. Prior denials were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
__X__Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
_____ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
_____Pressley Reed, The Medical Disability Advisor.
_____Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
_____Texas TACADA Guidelines.
_____TMF Screening Criteria Manual.
_____Peer reviewed national accepted medical literature (provide a description).

__X __Other evidence-based, scientifically valid, outcome-focused guidelines. Journal of the American Academy of Orthopedic Surgeons, Volume Ten, Number Two, pages 130-137, describing the entity of saphenous nerve neuritis