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Notice of Independent Review Decision

DATE OF REVIEW: 5/5/09

IRO CASE #:

Description of the Service or Services In Dispute
Left knee arthroscopy with open patella ligament repair

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

Physician Board certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)
Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 4/13/09, 3/19/09
Clinical notes, 10/23/08, letter 4/3/09, Dr
Request for outpatient surgery, Dr.
Note, Dr. 2/23/09
Notes Pain management 10/08 – 4/09
Accident report 8/20/08
Diagnostic testing –MRI report left knee 1/8/09, x-rays 11/7/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient fell and injured her hip left knee and left shoulder. Because of significant pain an MRI was performed, and it showed lateral subluxation of the patella, a lateral trochlear groove, medial patella facet arthritis and a Baker's cyst. There was no evidence of meniscal tears, and no evidence of anterior cruciate ligament injury. The patient was treated at a rehabilitation clinic and was sent for orthopedic consultation. Surgical evaluation was recommended and the surgery was denied because of poor documentation from the orthopedic surgeon. One of the requests for surgery came from the rehabilitation facility and not the surgeon. There is no documentation of dislocation of the patella, and the MRI shows arthritis in the medial patella facet as well as the patellofemoral compartment.

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

I agree with the denial of the requested surgery. It is not clear from the history presented that the patient has patellar instability, and there is no evidence of patellar ligament detachment. The request for surgery does not conform with the patient's pathology. The patient's symptoms may be from underlying osteoarthritis in the patella facet in the medial and lateral compartments. This could have been exacerbated by the injury. Arthroscopy of the knee and patella ligament repair are not indicated or appropriate. There certainly does not appear to be a detached patellar ligament. In addition, arthroscopic management of knee osteoarthritis is not indicated.

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**

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

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

X 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)**