

SENT VIA EMAIL OR FAX ON
May/08/2009

Applied Assessments LLC

An Independent Review Organization

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DATE OF REVIEW:

May/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Saphenous nerve block with fluoro

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 3/9/09 and 4/16/09

Ortho 10/17/08 thru 3/25/09

OP Note 2/14/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man inured in xxxx. He as been opioids and the chart described substance abuse. He apparently failed to improve with prior knee injections and menisectomy. Dr. found pain and tenderness in Hunter's canal and suspects entrapment. He states there was pain in the saphenous radial distribution. The Reviewer is not sure what is meant by saphenous radial distribution.

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

The problem is the Reviewer is unaware of how the injury transpired and where along the knee is the pain. He had a prior medial menisectomy, so the Reviewer presumes there is medial knee pain. The saphenous nerve can be entrapped in the proximal part of Hunter's Canal.

The saphenous nerve can become entrapped where it pierces the connective tissue at the roof of the Hunter canal, resulting in inflammation from a sharp angulation of the nerve through the structure and the dynamic forces of the muscles in this region. This results in contraction and relaxation of the fibrous tissue that impinges the nerve. The nerve also can be injured as a result of an improperly protected knee or leg support during surgery. It may be injured due to neurilemmoma, entrapment by femoral vessels, direct trauma, pes anserine bursitis, varicose vein operations, and medial knee arthrotomies and meniscus repairs....

The diagnosis may be made on the basis of injection of local anesthetic along the course of the nerve and proximal to the proposed site of entrapment. Nerve conduction techniques are available to assess neural conduction in the main branch of the saphenous nerve or the terminal branches. The routine tests may be disappointing in persons with subcutaneous adipose tissue or swelling. A side-to-side comparison of the nerve should be made and must demonstrate a lesion consistent with the patient's complaints. A somatosensory evoked potential (SSEP) test can also be performed and the results compared with those of the contralateral side for diagnosis, although this test may be cumbersome and time-consuming....

Treatment

Entrapment in the Hunter canal is usually treated conservatively with an injection of anesthetic (with or without corticosteroid) at the point of maximal tenderness (usually 10 cm proximal to the medial femoral condyle). The injection may need to be repeated periodically. Avoiding aggravating activities and using proper body mechanics will also be helpful. If this approach fails, surgical decompression may be needed. In patients who have had a direct blow to the medial knee who have persistent medial knee pain despite conservative trials for treatment, a neurectomy or neurolysis of the infrapatellar branch may be helpful.

Emedicine.medscape.com/article/1234809-overview

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)