

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Sep/01/2009

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee scope Chondroplasty and Repair Medial Retinaculum, 29881, 27425

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

M.D., board certified in Orthopedic 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

Adverse Determination Letters, 6/22/09, 7/30/09

MD, 6/16/09

MRI of the Right Knee, 10/31/08

ODG Guidelines

### PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who sustained a lateral dislocation of the patella in a work-related accident of xx/xx/xx. An MRI scan of 10/31/08 confirmed the probability of a recent patellar dislocation along with some bone contusion. The physical therapy has been performed, and injection times one accomplished. The patient apparently has increasing pain and mechanical symptoms. The medical records do not indicate that there is ongoing instability. The current request is for medial retinaculum repair and chondroplasty. The previous reviewers have noted that if there is some sort of deficiency medially, a vastus medialis oblique advancement would be required.

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

The MRI scan does not document chondroplasty but merely bone bruising. The treatment for lateral dislocation of the patella does not generally encompass repair of the medial retinaculum. The reasons for this repair are unclear at best and certainly do not conform to the Official Disability and Treatment Guidelines. It is for this reason that the previous adverse

determination could not be overturned. The reviewer finds that medical necessity does not exist for Right knee scope Chondroplasty and Repair Medial Retinaculum, 29881, 27425.

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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