

SENT VIA EMAIL OR FAX ON  
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# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Aug/02/2010

### IRO CASE #:

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

Outpt. Rt.Knee Arthroscopy, ACL Repair, Synsvectomy

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

Board Certified 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)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Dr.– Operative Report: 07/30/07

MRI Right Knee: 10/30/08, 02/15/10

Dr.: 02/17/09, 03/04/10

Dr.: 06/03/09

Peer Review – Physician Unknown: 07/28/09

Untitled Progress Notes: 12/09/09

Right Knee X-Rays: 04/23/10

Dr.: 04/23/10, 05/21/10

ROM – Inclination: 05/21/10

Peer Review – Dr.: 06/16/10

Peer Review – Dr.: 06/29/10

### PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a reported right knee injury that occurred while at work on xx/xx/xx when she hyperextended and twisted her right knee stepping out of a trailer with her knee giving way. She was diagnosed with a right knee medical meniscus tear and patellofemoral chondromalacia with a chondral injury, post-traumatic. The claimant underwent a right knee arthroscopy, medial meniscectomy and patellofemoral chondroplasty with excision of loose articular fragment on 07/30/07. She had continued significant pain postop and a right knee MRI was obtained on 10/0/08 that revealed a large osteochondral injury of the non-weight-bearing surface of the lateral femoral condyle which was a new finding with no evidence of meniscal tear or ligamentous injury. A second orthopedic opinion completed on 02/17/09 determined the claimant had lateral patellar subluxation with possible mild early complex regional pain syndrome (CRPS). An arthroscopic lateral retinacular release was recommended but denied authorization. Dr. reviewed the 02/15/10 right knee MRI and documented findings of a small effusion, a subchondral defect on the non-weightbearing portion of the lateral femoral condyle and mild degeneration of the posterior medial meniscus. Dr. also noted the claimant had been treated for her CRPS with multiple medications and epidural steroid injection with no response. The claimant

reported pain, clicking, popping, swelling and tightness in her right knee. She was noted to have mild chronic lateral patellar subluxation with chronic complex regional pain syndrome. The claimant was evaluated by Dr. on 04/23/10 and found to have anterior cruciate ligament (ACL) laxity, patellar lateral tracking, articular cartilage damage and interstitial medial meniscus damage due to cleavage forces of the meniscus. A special study right knee MRI was recommended but denied. Authorization was requested for a right knee arthroscopic evaluation with ACL repair and synovectomy.

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

The review of the records provided supports this is a male with reported hyperextension twisting injury stepping out of a trailer on xx/xx/xx. He was status post right knee medial meniscectomy patellofemoral chondroplasty with excision of loose articular fragment with Dr. of 07/30/07. An MRI of the right knee 10/30/08 showed a large osteochondral injury to the non-weightbearing surface of the lateral femoral condyle, a new finding, but no ligamentous or meniscal tear.

The claimant saw Dr. for a second opinion in 02/17/09, who felt she had lateral patella subluxation and early complex regional pain syndrome and recommended arthroscopic lateral retinacular release, PT and medical treatment. Dr. thought she had chondromalacia on 06/03/09. An MRI on 02/15/10 showed small joint effusion, subchondral defect, lateral femoral condyle non-weightbearing. She saw Dr. on 03/04/10 who was hesitant to recommend surgical intervention and felt there was CRPS, noting the claimant was not able to straighten the knee, the foot would twist out. The claimant saw Dr., Orthopedic on 04/23/10 these are handwritten notes, difficult to read and somewhat illegible. He felt there was a complex set of issues; it was felt it is fairly typical for a posterior ACL (anterior cruciate ligament) injury. It was felt the claimant had ACL laxity, articular cartilage damage, meniscal damage and he did not recommend patellofemoral arthroplasty. He felt lateral release might be necessary but could be avoided if rotation which is part of an ACL injury could be corrected. He recommended MRI special study and arthroscopy to evaluate and treat but any surgical intervention must be accompanied by preoperative and postoperative evaluation by a RSD pain specialist.

Dr. recommended arthroscopy and pain management consultations to occur pre and postoperatively. The IRO reviewer cannot recommend as medically necessary an outpatient right knee arthroscopy, ACL repair and synovectomy. There is no evidence of an ACL tear on previous MRI and no documentation of an ACL tear at the time of the index surgery of Dr. on 07/30/07. The claimant apparently has evidence of complex regional pain syndrome, thus certainly the IRO reviewer would defer on surgical intervention given that diagnosis and the above issues.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates: Knee/Leg – Arthroscopy, ACL Reconstruction, Lateral Retinacular Release

#### **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)