

SENT VIA EMAIL OR FAX ON
Jan/04/2010

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right Knee Arthroscopy Oats vs Chondoplasty Drilling Partial Menisectomy and Arthrotomy as indicated

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

MRI Right Knee, 11/11/08

Office Note, Dr., 12/09/08

Office Note, Dr., 12/15/08, 02/02/09, 03/16/09

Physical Therapy Notes, 05/11/09

Office note Dr. 12/09/08

Operative report 03/27/09

Office note Dr. 04/01/09, 04/20/09, 07/02/09, 10/08/09

PT note 04/08/09

Office note Dr. 08/13/09

MRI right knee with arthrogram 08/20/09

Dr. review, opinions, 09/09/09

Review determination, Dr. 10/23/09

Review determination, Dr. 11/18/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx. Reportedly during an 11/10/08 consultation with Dr. the claimant was 5'11" and weighed 197 pounds. She is status post a partial lateral

meniscectomy, chondroplasty of the femoral condyle and patellofemoral joint on 03/27/09. The postoperative diagnoses included chondromalacia of patella, grade II and III changes; osteochondral defects (Osteochondritis dissecans) lateral femoral condyle; and degenerative tear of anterior horn of the lateral meniscus. Dr. saw the claimant on 04/01/09 at which time the wound was healing. There was stiffness and mild swelling. The stitches were removed. Therapy was recommended. Her pain was improving by the 04/20/09 visit, but there was ongoing swelling and problems stair climbing. It still buckled once in awhile. On examination she had absolutely no straight leg raise. There was swelling around the knee and in sitting she could flex to about 70 or 80 degrees with support from the other leg.

The claimant completed therapy and was seen again on 07/02/09 stating she had returned to regular duty work, but while walking had the sudden onset of pain behind the knee cap which was noisy and with crepitation. Her clicking was painful and she pointed to right behind the knee cap. On examination the quad mechanism appeared a little tight. There was minimal patellar glide, was very sensitive, had tenderness more medial than lateral, extension lacked a few degrees and flexion had pain up to about 90 degrees. Therapy was recommended. At the 08/13/09 visit she reported a sense of swelling, instability, locking or catching. Quadriceps atrophy, tenderness of the lateral joint line and motion from 5-135 degrees were noted. Right knee dysfunction was diagnosed. An MRI of the right knee with arthrogram on 08/20/09 revealed degenerative changes or contusion of the anterior horn of the lateral meniscus. There was a focal area of subchondral change within the lateral femoral condyle, very similar to appearance to prior exam. There was overlying thinning of the articular cartilage. Dr. saw the claimant on 10/08/09 noting a continued popping sensation in the knee. He had tenderness along the lateral femoral condyles. Surgery was recommended and denied and is currently under dispute.

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

The operative note in this case really does not define whether or not this represents a full thickness defect. The MRI arthrographic studies reveal thinning, but do not confirm a full thickness defect. Absence such documentation this case would not satisfy the ODG Guidelines for medical necessity. As such the Reviewer would agree with the prior determination.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Knee – OATS, Chondroplasty)

ODG Indications for Surgery™ -- Osteochondral autograft transplant system (OATS):

Criteria for osteochondral autograph transfer system [OATS] procedure:

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
- 3. Objective Clinical Findings:** Failure of previous subchondral drilling or microfracture: Large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle. AND Knee is stable with intact, fully functional menisci and ligaments. AND Normal knee alignment. AND Normal joint space. AND Body mass index of less than 35. PLUS
- 4. Imaging Clinical Findings:** Chondral defect on the weight-bearing portion of the medial or lateral femoral condyle on: MRI. OR Arthroscopy.

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
- 3. Objective Clinical Findings:** Effusion. OR Crepitus. OR Limited range of motion. PLUS
- 4. Imaging Clinical Findings:** Chondral defect on MRI

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)