

SENT VIA EMAIL OR FAX ON
Jan/18/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Saphenous Nerve Block & Fluoroscopic

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

Medical Review Dr.

MRI Memorial Hospital

Operative Note 4/2/09 1209 8/6/09

DD Examination Dr.

Medical records Dr.

Medical Records Dr.

Medical Records D.r

Physical Therapy notes Spine & Rehab Specialists

Physical Therapy notes

Medical Records Dr.

Services Preauthorization Report

Medical Records Dr.

MRI reports Open MRI of West Texas

PATIENT CLINICAL HISTORY SUMMARY

This is a teacher who injured her knees in a fall after being reportedly tripped by a student on xx/xx/xx. She developed bilateral anterior knee pain that did not improve with conservative care. MRIs showed osteochondral injuries. She underwent bilateral knee surgery with limited

success. She did not improve with TNS, Synavisc or physical therapy. Dr. advised bilateral saphenous nerve blocks. He described her pain as burning, and throbbing with tingling to her toes. Dr. felt she was at MMI in 12/09.

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

Saphenous nerve compression is a possibility after the use of a tourniquet for knee surgery. Usually this occurs at Hunter's canal. The reviewer did not see it discussed in the ODG. Its code is 355.8. Symptoms include burning along the medial knee and leg. It is a reasonable treatment option. However, Dr. said she had "entrapment signs on the physical examination." (11/11/09) the reviewer saw none such as a Tinel sign or local tenderness over the saphenous nerve. As a sensory nerve, there is no motor deficit. The only diagnostic study to consider would be electrodiagnostic studies. Side to side asymmetry would be key, but the question here would be a possible bilateral condition.

A good description of the condition is in the Atlas of Uncommon Pain Syndromes by Waldman. Pages 100-202. "Injection of the saphenous nerve with a local anesthetic and steroid as it exits Hunter's canal serves as both a diagnostic and therapeutic maneuver." There are some risks to the procedure.

The reviewer's concern is that Dr. did not document the physical findings first. However, once done, the procedure is medically necessary.

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)