

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/23/2010

**IRO CASE #:**

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

RT knee MUA LOA 27570 29884

**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**

Texas Mutual, 3/17/10, 5/5/10  
Clarus 7/28/08, 8/9/09  
Orthopedic Group 8/18/08, 9/19/08, 12/16/08, 12/30/08, 7/2/09,  
7/16/09, 7/23/09, 9/3/09, 10/29/09, 1/14/10, 3/4/10  
Medical Center 12/6/08  
Diagnostic 6/11/08  
MRI 6/1/10  
Pain Consultants 9/25/09  
Diagnostic Medical Center 6/11/08  
Disability Evaluating Center of Texas 9/30/09  
M.D. 2/15/10  
ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

This patient is a worker who was injured in xx/xxxx. He underwent an anterior cruciate ligament reconstruction and meniscectomy with apparent improvement, but by the time of request of the surgery, he developed "a new problem" of osteoarthritis. He also lacked range of motion, anywhere between 5 degrees and 16 degrees of extension and is stated to have a loose body. The current request is for MUA. It also appears from the records that arthroscopic examination and possible loose body removal has been considered.

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

It is unclear from the medical records what is causing this man's lack of extension, and unclear whether he lacked extension immediately postoperatively or not. It did appear from the exam notes that he did well initially, though subsequently he certainly developed these complaints. Records indicate a serious functional problem -- a loss of range of motion to 5 degrees to 16 degrees. It is unclear from the medical records if the graft is correctly placed or

whether the graft is, in fact, the cause of this loss of range of motion and the subsequent development of osteoarthritis in the intervening period.

Nonetheless, if his range of motion is as stated, a manipulation under anesthesia would be medically necessary. According to ODG knee and leg chapter, MUA is under study as a treatment of arthrofibrosis. Given the alternatives, this particular request, which we deem from the medical records would appear to be for a diagnosis of arthrofibrosis with ACL reconstruction, would be a conservative and medically necessary procedure. It is for this reason that this previous adverse determination has been overturned. The reviewer finds that medical necessity exists for RT knee MUA LOA 27570 29884.

**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)