

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Autologous Chondrocyte Implantation-Cartigel TWO STAGE PROCESS Step 1. Arthroscopy of knee with shaving of articular cartilage (cell harvest) Step 2. Arthrotomy with autologous cultured chondrocyte implantation, Cartigel autologous cultured chondrocytes

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

Doctor of Medicine (M.D.), Board Certified in 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

ODG

Denial Letters, 3/9/10, 4/19/10

M.D. 4/9/10, 2/5/10, 2/2/10, 3/30/09, 3/2/09, 11/26/08,
1/23/09, 12/5/08, 11/21/08, 10/13/08, 9/29/08, 9/22/08

Center 12/21/09, 10/9/08

2/24/10

Rehab 9/29/08 to 3/26/09

Recommendations and Treatment Outcomes for Patellofemoral Articular Cartilage Defects with Autologous Chondrocyte Implantation; Prospective Evaluation at Average 4-year Follow-up; MD, et al, Department of Surgery, Medical Center,

PATIENT CLINICAL HISTORY SUMMARY

The patient has a large patellar chondral defect that has not responded to microfracture and debridement. ACI has been denied due to ODG guidelines not recommending it for patellofemoral lesions.

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

There are credible peer reviewed prospective studies showing that ACI at the patellofemoral

joint can be equivalent to outcomes in condylar lesions. The ODG guidelines do not reflect this new research, however upon review of this literature and a review of this particular patient's case, the reviewer finds that Autologous Chondrocyte Implantation-Cartigel TWO STAGE PROCESS Step 1. Arthroscopy of knee with shaving of articular cartilage (cell harvest) Step 2. Arthrotomy with autologous cultured chondrocyte implantation, Cartigel autologous cultured chondrocytes is medically necessary for this patient.

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: Recommendations and Treatment Outcomes for Patellofemoral Articular Cartilage Defects with Autologous Chondrocyte Implantation; Prospective Evaluation at Average 4-year Follow-up; Cecilia Pascual-Garrido, MD, et al, Department of Orthopedic Surgery, Rush University Medical Center, Chicago, Illinois (American Journal of Sports Medicine, Vol. XX, No. X, 2009)

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