

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/26/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg. osteochondritis dissecans fragmentation, chondral fragmentation)

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Spine

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)

Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg. osteochondritis dissecans fragmentation, chondral fragmentation) Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to by dated 5/6/2010
2. IRO request form by author unknown, dated 5/5/2010
3. Request form by author unknown, dated 5/5/2010
4. Fax page dated 5/5/2010 & 5/6/2010
5. Letter by dated 4/21/2010
6. Letter by dated 3/31/2010 & 4/23/2010
7. Fax page by author unknown dated 5/7/2010
8. Letter by dated 5/7/2010
9. Notice of utilization by dated 5/6/2010
10. Medical reviews of case assignment by dated 5/6/2010
11. Fax page by author unknown dated 5/5/2010
12. Independent review organization by author unknown dated 5/5/2010
13. Request form by author unknown dated 5/5/2010
14. Appeal letter by DO dated 4/23/2010
15. Letter by dated 4/21/2010
16. Fax page by author unknown dated 4/21/2010
17. Pre authorization by DO dated 3/31/2010
18. Letter by dated 3/31/2010 & 4/23/2010
19. Physical therapy daily note by PTA dated 3/30/2010 to 4/6/2010
20. Fax page by author unknown dated 3/29/2010
21. Worker's compensation pre authorization request by author unknown dated 3/29/2010

22. Office visit by MD dated 3/26/2010
23. Pre authorization request form by author unknown dated 3/17/2010
24. Easy script by MD dated 3/17/2010
25. Physical therapy re evaluation by PT dated 3/17/2010 to 4/13/2010
26. Follow up evaluation by MD dated 3/16/2010
27. Physical therapy daily note by PT dated 3/10/2010 to 4/15/2010
28. MRI right knee by author unknown dated 3/9/2010
29. Physical therapy evaluation by MD dated 3/5/2010
30. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee twisted his knee. MRI dated 03/09/10 revealed a bony defect involving the medial femoral condyle with probable associated loose body in joint located just beneath his defect. Patellofemoral chondromalacia was also evident with minimal joint effusion. Ligaments appear to be intact. There is diffuse increase signal in posterior horn of medial meniscus suggestive of contusion or possibly intrasubstance tear. On examination the injured employee has limited range of motion with 0-100 degrees. There is no evidence of instability. McMurray's test is negative. The injured employee was referred to physical therapy and was noted to have completed 9 sessions of therapy to date.

A request for right knee scope with loose body removal was reviewed on 03/31/10 by Dr. DO and recommended for adverse determination. Dr. determined that the injured employee was still undergoing physical therapy and had not yet finished therapy. The injured employee was noted to have persistent right knee pain with date of injury of xx/xx/xx. Dr. noted there did not appear to be indication or documentation of adequate conservative treatment completed, including no documentation physical therapy treatment had been completed. Dr. further noted that the specific outcomes must first be established prior to consideration of any surgical intervention particularly since the injury is still in acute stages of injury. Dr. noted there did not appear to be any specific significant or severe positive objective findings or functional limitations to correlate with imaging studies that would justify the need for requested surgery.

An appeal request for right knee scope loose body removal was reviewed on 04/23/10 by DO. On appeal Dr. recommended adverse determination, noting it appears the injured employee has undergone physical therapy, but there is no indication how the injured employee did with physical therapy and if he continues to have right knee pain or not. The injured employee was noted to have positive findings of loose body within the knee, but there is no documentation whether the injured employee did well with physical therapy as there is no follow-up after physical therapy was completed.

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

Based on the clinical information provided, the request for knee arthroscopy with removal of loose body is recommended as medically necessary. The injured employee is noted to have sustained twisting injury to the right knee on xx/xx/xx. MRI revealed a bony defect of medial femoral condyle compatible with osteochondritis dissecans and associated loose body in the joint. There is also evidence of contusion versus possible intrasubstance tear of the medial meniscus. Although McMurray's test was negative on examination, noting this was intrasubstance tear the physical findings are not inconsistent. The injured employee does have restricted range of motion of only 0-100 degrees flexion. The injured employee is has undergone course of physical therapy x 9 visits. Although the previous reviewers indicated there was no assessment of response to therapy, there are physical therapy progress notes and reevaluation report dated 04/13/10 which reflects that the injured employee is continues to have deficits despite therapy completed to date. Moreover, noting there is loose body within the knee joint beneath medial femoral condyle defect, further conservative treatment is not likely to provide significant benefit given the current pathology. Consistent with ODG guidelines, the proposed surgical procedure is indicated as medically necessary to address the loose body within the joint. The recommendation is to overturn the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)