

February 22, 2010
REVIEWER'S REPORT



IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left knee arthroscopy with autograft with harvesting and debridement of articular cartilage/chondroplasty, and bone graft (OATS procedure with chondroplasty)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Insurance Company fax covers
4. notice of Utilization Review findings, 12/10/09 and 12/31/09
5. Insurance Company summary, 02/05/10
6. MRI scan report, 10/24/08
7. Operative report, 12/02/08, for anterior cruciate ligament reconstruction, partial medial meniscectomy, shaving chondroplasty of the patellofemoral joint, and plica resection
8. MRI scan report, 10/12/09
9. Medical record review, 12/11/09, with ODG criteria
10. Clinical records, 12/01/09, 09/24/09, 08/13/09, 08/02/09, 04/28/09, 02/17/09, 01/06/09, 12/15/08, and 11/11/08
11. PT progress records, 02/17/09 and 01/06/09
12. Postoperative instruction sheet including commonly asked questions
13. Surgery order sheet, 11/11/08
14. form letter, 11/14/08, with intent to authorize requested services
15. fax cover sheets
16. Work Comp surgery scheduling checklist
17. Orthopedic Surgery fax cover sheets, 11/14/08
18. Blank Spanish Consent to Surgery form
19. Letter “To Whom It May Concern,” 12/23/09
20. Notice of disputed issues and refusal to pay benefits, 03/09/09
21. Medical record review, M.D., 01/29/08
22. “To Whom It May Concern” letter, Insurance Company, 08/14/09
23. Request to return to work evaluation, 04/16/09
24. General job duties checklist, 04/16/09

25. "To Whom It May Concern" letter, GAO, 03/21/09
26. XXX notice of Utilization Review findings, 03/23/09, 01/12/09, 12/08/08
27. Authorization for requested services, 01/09/09
28. referral, 11/04/08
29. TWCC-73 forms, nine records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered an injury to his left knee while descending a ladder on xx/xx/xx. He suffered a twisting injury and felt a pop in his knee. An MRI scan performed on 10/24/08 revealed a complex tear of the medial meniscus and a moderate to severe medial compartment arthritis, moderate lateral compartment arthritis, and some patellofemoral arthritis. He also had a complete or near-complete disruption of the anterior cruciate ligament. He underwent an arthroscopic procedure for ACL reconstruction, partial medial meniscectomy, and shaving chondroplasty of the patellofemoral joint, and plica resection on 12/02/08. He has had persistent symptoms after appropriate postoperative therapy. A recent MRI scan on 10/12/09 suggested that there was a cartilage defect on the medial femoral condyle. A request has been submitted for the performance of an OATS procedure. This request has been considered and denied, reconsidered and denied.

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

The performance of the OATS procedure requires meeting criteria published in the ODG knee chapter. Part of those criteria require that the patient has failed a drilling of the subchondral bone to encourage the reestablishment of a cartilage surface. In addition, the OATS procedure is not particularly beneficial under circumstances where osteoarthritic changes have already advanced and are essentially tricompartmental. It would appear that prior denials were appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)