

**Envoy Medical Systems, LP  
1726 Cricket Hollow  
Austin, Texas 78758**

**PH 512/248-9020  
Fax 512-491-5145**

**Notice of Independent Review Decision**

**DATE OF REVIEW: 8/5/11**

**IRO CASE #:**

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

Knee arthroscopy/ Debridement

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

Board certified in Orthopedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 6/6/2011, 5/19/2011

Appeal letter, Dr., 5/23/2011

Clinical Notes, Dr., 6/29/11-1/26/11

MRI reports, 3/7/11, 1/26/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient reportedly sustained an on-the-job injury in xx/xx. The patient is described as standing on an air valve when he struck his left knee against the valve. Patient was apparently seen at an urgent care facility and was initially diagnosed as having a patella fracture. He subsequently followed up with an orthopedist and no fracture was identified. Patient was treated with conservative care initially. Eventually an MRI was done which showed severe chondromalacia of the patella with full thickness hyaline cartilage defect. There was also severe chondromalacia of the medial tibiofemoral compartment with multifocal areas of near full thickness hyaline cartilage defect in the weight bearing portion of medial femoral condyle and medial tibial plateau along with subchondral edema in the medial tibial plateau and marginal osteophytosis.

The treating physician has suggested surgery because of ongoing pain that he describes as mechanical.

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

I agree with the company's decision to deny the requested service. According to the history this patient has had previous arthroscopic surgery on the knee in 1999 and at that time there was damage to the articular cartilage with an area of bone on bone. The current MRI describes full thickness cartilage loss in both the patellofemoral joint and the tibiofemoral joint. There is no obvious mechanical problem with the menisci per MRI. There is no described loose body or loose fragment on the MRI. In light of the above it has been my experience that arthroscopic debridement for full thickness cartilage loss of the patellofemoral joint or the tibiofemoral joint is unlikely to substantially benefit the patient.

**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)