

SENT VIA EMAIL OR FAX ON  
Aug/25/2011

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/25/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Lateral Release, Tibial Tubercle Realignment

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

1. Request for IRO 04/05/11
2. Clinical records Dr. 08/06/09 through 06/29/11
3. Radiology report left knee 07/30/09
4. MRI left knee 08/14/09
5. Venous duplex study 08/24/09
6. MRI left knee 05/18/11
7. Physical therapy evaluation 06/02/11
8. Utilization review determination 07/12/11
9. Clinical records Dr. 07/20/11
10. Utilization review determination 07/21/11
11. Physical therapy progress notes 06/02/11 through 07/19/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who's reported to have sustained work related injuries to her left knee on xx/xx/xx. It's reported that she was squatting her down her foot slipped and her

weight fell on her left knee she dislocated her patella and reduced it herself. At the time of the injury she felt a pop she heard a pop and she had immediate swelling. She was seen at the ER. X-rays were done. She had diffuse pain around the knee and she was immobilized. She subsequently was referred to Dr.. On physical examination she's 62 inches 120 pounds. On examination of the left knee there is decreased range of motion there's a 1+ effusion. Ligamentous structures could not be assessed due to pain. There's tenderness in the medial joint line on McMurray's there's tenderness on the lateral joint line with McMurray's no evidence of fractures or dislocation. She was subsequently referred for MRI which was performed on 08/14/09 which notes minimal changes of pre-patellar bursitis with no definite lateral subluxation of the patella seen and no evidence of meniscal tears. On 08/24/09 the claimant was referred for a venous Doppler study as a result of a fall which was reported to be normal.

On 05/04/11 the claimant was again seen in follow up by Dr.. This is reported to have this is reported as initial visit with a reported date of injury of 04/30/11. It's reported that on this date while trying to catch a child from falling she developed knee pain. She's noted to have a history of patellar subluxation at work which was treated conservatively. On physical examination she's 62 inches tall weighs 125 pounds. She has full range of motion a 1+ effusion negative Lachman anterior posterior drawer no pain on varus or valgus stress. She has pain with patellar apprehension. She was subsequently referred for MRI of the left knee which notes mild pre-patellar and infrapatellar soft tissue edema. The patella retinaculum is intact there's a slightly shallow appearance of the trochlear groove. No evidence of meniscal tear or ligamentous disruption.

The claimant was seen in follow up by Dr. on 06/01/11 and reports that her pain is worse with the new brace on. She's opined to have had a patellar subluxation and her MRI was otherwise unremarkable. Physical examination was unchanged and she was referred for physical therapy.

The claimant was seen in follow up by Dr. on 06/29/11. It's reported that the claimant had patellar subluxation and she notes continued pains recurrent instability in patella with walking. Her physical examination is unchanged. She's noted to have an increased Q angle. It's opined that she has failed non-operative treatment with physical therapy anti-inflammatories and bracing. She subsequently was recommended to undergo left knee arthroscopy with lateral release and tibial tubercle realignment. On 07/12/11 this request was reviewed by Dr. He notes that guidelines indicate distal radial realignment procedures are supported for patellar subluxation absence of hyperlaxity and increased Q angle. He reports the claimant has an intact retinaculum with no objective patellar subluxation with pre-patellar soft tissue edema. He reports that there is an absence of clinical findings to support the requested procedure. The claimant was seen by Dr. for determination of maximum medical improvement and impairment rating. Dr. finds that the claimant is not at maximum medical improvement and recommends that she proceed with the surgery as recommended by Dr.. Dr. is a colleague of Dr. at orthopedic surgery center. A subsequent appeal request was submitted and reviewed on 07/21/11. The appeal request was reviewed by Dr. who upholds the previous non-certification.

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

The request for lateral retinacular release and tibial tubercle realignment is not supported by clinical data. Clinical data and the previous determinations are upheld. The submitted clinical records indicate that the claimant has had two patellar dislocations many years apart. There's no obvious findings on physical examination of laxity and subsequent dislocation. Imaging studies do not report abnormal patellar tilt nor is there a Q angle greater than 15 degrees. As such the documented Q angle of greater than 15 degrees as such the claimant would not meet criteria per the Official Disability Guidelines and therefore the previous determinations are upheld.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**