

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** August 22, 2011

**IRO CASE #:**

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

Right knee arthroscopy with chondroplasty

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

Fellow American Academy of Orthopaedic Surgeons

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Diagnostics (08/26/10 – 06/30/11)
- Office visits (09/16/10 – 07/25/11)
- Operative report (10/07/10)
- Review (05/31/11)
- Utilization review (07/15/11 – 08/04/11)
  
- Office visits (08/05/10 – 07/25/11)
- Diagnostics (06/30/11)

**TDI:**

- Utilization reviews (07/15/11 – 08/04/11)

[ODG has been utilized for the denials.](#)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who jammed her right knee against the table at work on xx/xx/xx.

**2010:** Following the injury, the patient was evaluated by M.D., an orthopedic surgeon, for right knee contusion and pain. Examination revealed some swelling over the fat pad, fair amount of tenderness anteriorly with inability to flex the knee due to pain past about 70 degrees and limited range of motion (ROM) with inability to flex the knee and tenderness medially. Dr. obtained magnetic resonance imaging (MRI) of the right knee that revealed patellar tendonitis and internal derangement of the posterior horn of the medial menisci. The patient attended one session of physical therapy (PT) consisting of exercises and cold pack.

Dr. tried Flector patch, but the patient reported no improvement and complained of ongoing pain with catching. Examination revealed mild synovitis and tenderness over the medial joint line.

On October 7, 2010, Dr. performed right knee diagnostic arthroscopy, arthroscopic microfracture treatment of the medial femoral condyle and lateral retinacular release for the diagnosis of internal derangement of the knee.

**2011:** In January, the patient reported an episode of dislocation of patella. Examination of the right knee revealed slight tenderness medially while examination of the left knee revealed tenderness laterally. Dr. diagnosed chondromalacia of the patella, internal derangement of the knee and recurrent dislocation of the joints of lower extremity. He recommended repeat MRI. On follow-up, Dr. noted ongoing discomfort on the medial aspect of the knee with activities. Examination revealed tenderness over the right medial condyle and over the medial joint line. X-rays revealed well maintained cartilage spaces. Dr. recommended MRI of the right knee.

On May 31, 2011, M.D., performed a designated doctor evaluation (DDE) and assessed clinical maximum medical improvement (MMI) with 4% whole person impairment (WPI) rating. Dr. further opined that the patient could return to light duty work with restrictions lasting through August 31, 2011.

In June, MRI of the right knee revealed patella alta with mild edema in the Hoffa's fat pad. Dr. noted tenderness over the medial joint line. He reviewed the MRI, diagnosed unspecified internal derangement of the knee and recommended a repeat arthroscopy.

Per utilization review dated July 14, 2011, the request for right knee arthroscopy with chondroplasty was denied with the following rationale: *"Per, medical report the patient complains of right knee pain; physical examination revealed good motion of the knee, no overt effusion, tender over the medial joint line. June 30, 2011, MRI of the right knee revealed no ligament tear, meniscal tear, or fracture, there is patella alta with mild edema in the Hoffa's fat pad. Conservative treatment has included PT evaluation and 1 visit. However, there is no documentation of subjective findings (swelling), objective findings (effusion or crepitus), imaging findings (chondral defect on MRI) and conservative treatment {physical therapy (given the documentation of only 1 prior PT visit) or medication}. Therefore, the medical necessity of the request has not been substantiated."*

On July 25, 2011, Dr. opined that the patient had a significant size chondral lesion noted on previous arthroscopy and degradation of findings indicating that she might be a candidate for some other type of chondral repair. Dr. recommended a repeat arthroscopy to evaluate any significant chondral lesion.

Per reconsideration review dated August 4, 2011, the appeal for right knee arthroscopy with chondroplasty between August 1, 2011, and September 30, 2011, was denied with following the rationale: *“As per medical records, the patient had a previous right knee diagnostic arthroscopy, microfracture surgery and lateral retinacular release on October 7, 2010. Currently, the patient complains of right knee pain. The pertinent physical findings noted tender over the medial joint line with good motion and no overt effusion of the knee. The MRI of the right knee revealed no ligament tear or meniscal tear. Based on the guidelines, surgery can be considered if there is failure of conservative management like physical therapy, medications and activity modification. The physical therapy rendered to the patient was noted. However, the objective response to the pain medications given was not included for review. Moreover, no history of prior injections to the right knee was noted on the file as part of the conservative treatment. The maximum potential of the conservative treatment done was not fully exhausted to indicate a surgical procedure. With this, the medical necessity of the requested appeal has not been fully established.”*

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

BASED ON REVIEW OF THE DOCUMENTATION, THE CLAIMANT SUSTAINED A CHONDRAL INJURY TO HER RIGHT KNEE. THE PATIENT UNDERWENT ARTHROSCOPY, CHONDROPLASTY AND MICROFRACTURE. SHE ALSO HAD LATERAL RELEASE OF THE PATELLA. DOCUMENTATION SUPPORTS THE PATIENT HAD A SUBSEQUENT EPISODE OF PATELLOFEMORAL INSTABILITY. THE COMPLAINTS ARE ALSO ALONG THE MEDIAL JOINT LINE. A RECENT MRI WAS UNREMARKABLE. FROM REVIEW OF THE SURGEON'S NOTES, THERE IS NO DOCUMENTATION ON THE NEED FOR ANOTHER ARTHROSCOPY. AS NOTED BY OTHER REVIEWERS, THE PATIENT HAS NOT EXHAUSTED NON-OPERATIVE TREATMENT INCLUDING AN INJECTION TREATMENT. IT IS ALSO UNKNOWN WHAT THE SURGEON INTENDS TO ADDRESS WITH THE ARTHROSCOPY, THE PATELLOFEMORAL INSTABILITY OR THE CHONDRAL LESION AND THE PROPOSED TREATMENT PLAN.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**