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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy 29875, possible notchplasty

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

MD, Board Certified Orthopedic Surgeon

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

ODG Guidelines

Request for IRO dated 11/07/11, 10/20/11

Utilization review determination dated 10/07/11, 10/18/11

Letter of appeal dated 10/12/11

Clinical records Dr. dated 09/23/11, 09/02/11, 04/01/11, 10/07/11, 10/18/11, 06/16/11, 05/26/11, 03/21/11

Operative report dated 05/24/11

MRI of the left knee dated 07/28/11, 03/30/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who injured his left knee. He was injured . The shifted and he went to catch it and felt a pop in his left knee. He came under the care of Dr.. He was referred for MRI of the left knee. This study notes a normal cruciate ligament, an ACL graft is intact. There is a possible re-tear of the midline portion of the posterior horn of the medial meniscus. There has been a partial medial meniscectomy in the past. He was taken to surgery on 05/24/11 at which time he underwent examination of the left knee under anesthesia and an arthroscopic partial medial and lateral meniscectomy. He was seen in postoperative follow up on 05/26/11. It is noted that he is stiff and sore. He has no redness, abnormal swelling. His incisions look good. PT was recommended. The claimant was seen in follow up on 06/16/11. It is noted that since his previous visit he has initiated physical therapy as advised. He is concerned that he is not healing as swiftly as he did with his prior surgery. He notes tightness in the joint at night and some swelling after therapy. He is otherwise doing fine.

On 07/28/11 the claimant was referred for MRI of the left knee. This study notes an elevated signal in the graft just superior to the tibial tunnel. This is not unusual for this early postoperative stage but could relate to roof impingement. There is roof impingement with intercondylar notch roof impacting on the posteriorly deviating graft. It is further noted that

there is a tunnel cyst involving the tibial tunnel measuring 17 x 10 x 9 mm and appears to be in the space that communicates with the anterior cortex of the tibia. This perhaps was an abandoned tunnel for graft placement. An interference screw is posteroinferior to the cyst. The graft is secured in the femur by a dowel type device. There is at least a gracialis tendon harvest. The posterior cruciate ligament is normal. The lateral meniscus is normal. Collateral ligaments, quadriceps tendons, iliotibial band and patellar retinacula are normal. There is mild quadriceps tendinopathy. There is some degree of chondromalacia patella with mild subchondral bone marrow edema.

The claimant was seen on 09/02/11. He is reported to have continued pain in the medial aspect of the left knee. He stepped in a crack in the yard recently and felt like his knee was going to buckle. He has tenderness to palpation and some popping. On physical examination he is noted to be 5'5" and weighs 225 lbs. He is well developed and well nourished. On examination of the knee the portals are healed well without sign of infection. There is tenderness present in medial joint line that is mild to moderate. There is no swelling, no calor. He has full range of motion without pain with some mild weakness in left lower extremity. Sensation is normal.

The claimant was seen on 09/23/11. He is noted to have been in physical therapy and reported increase in pain. He reported pain level of 8.5 today. He reported cutting back on therapy because of pain level. He reported being unable to step sideways. He is taking Ibuprofen every night in order to get through the night. He has some Hydrocodone at home. Physical examination is unchanged.

Left knee arthroscopy and possible notchplasty was recommended and denied. The initial review was performed on 10/07/11 by Dr.. Dr. non-certified the request. He notes this is a request for urgent left knee arthroscopy and may need to perform notch-plasty. He noted that the submitted clinical records fail to objectively document exhaustion of conservative treatment such as activity modification, home exercise program, oral pharmacotherapy and physical therapy. He noted there are no noted VAS pain scales and physical therapy notes document lack of progress with several attempts. He noted there is no objective evidence the claimant will likely gain clinically significant functional response from continued treatment from less invasive modalities. The appeal request was reviewed on 10/18/11 by Dr.. Dr. non-certified the appeal request. He noted the pertinent physical examination findings noted include tenderness in medial peripatellar and medial joint line. He noted full range of motion without pain, mild weakness in left lower extremity, and negative provocative testing. MRI of the left knee revealed the ACL is not torn. He noted root impingement. He notes the claimant has been treated conservatively with oral medications and physical therapy. However, he indicated there was no evidence provided that the claimant had stretching and strengthening exercises to maximize recovery.

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

This man sustained an injury to his left knee while in course and scope of his employment. He received conservative treatment. MRI notes intact ACL graft indicating a past history of left knee injury and surgery. There is evidence of small re-tear of meniscus. He ultimately is reported to have failed conservative treatment and underwent arthroscopic partial medial meniscectomy. There is no indication from operative report that there were any significant abnormal findings intraoperatively other than meniscal pathology. Postoperatively the claimant continued to have pain, and on 07/28/11 he was referred for repeat MRI of left knee. This study notes postoperative changes and intact ACL graft with possible roof impingement and tenocyst in tibia is described, evidence of chondromalacia patella, evidence of mild medial tibial femoral joint and patellofemoral joint osteoarthritis. The claimant participated in postoperative physical therapy. The postoperative clinic notes indicate the claimant has subjective reports of pain and pain on medial joint line; however, there is no instability or other findings suggestive of failure of ACL graft or other significant pathology that would warrant repeat arthroscopy. Based on the clinical information provided, the previous utilization review determinations were consistent with ODG guidelines. The reviewer finds

that there is no medical necessity at this time for Left knee arthroscopy 29875, possible notchplasty.

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

ACOEM-AMERICA 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)