

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient right knee chondroplasty and lateral retinacular release

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

M.D., Board Certified 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

Official Disability Guidelines

Notice of utilization review findings 09/19/11

Notice of utilization review findings 10/04/11

Employee's report of injury xx/xx/xx

Diagnostic studies including right knee x-rays 05/11/11, 06/08/11, and MRI right knee 04/20/11

Medical documentation including emergency department records

Office visit notes Dr. 04/29/11-05/25/11

Office notes Dr. 06/08/11-10/17/11

Physical therapy initial evaluation and progress notes 08/16/11-09/28/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx while working at . Records indicate the claimant attempted to separate two youths who were fighting and injured her right knee. X-rays of right knee were reported as normal. MRI scan of right knee on 04/20/11 reported no abnormalities seen. Physical examination revealed the claimant to be 5'8" tall and 165 lbs. Examination of the right knee was noted to reveal lateral and patella instability with positive apprehension. Per office note dated 06/08/11, the claimant was given patella stabilization brace, and physical therapy was prescribed for strengthening. The claimant was recommended to undergo right knee arthroscopic surgery.

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

This female claimant is noted to have sustained an injury to right knee on xx/xx/xx when she was trying to break up a fight and fell on her right knee. Imaging studies including x-rays and MRI of the right knee were unremarkable without evidence of abnormalities. The claimant

does not meet ODG criteria for proposed chondroplasty as there is no evidence of chondral defect on MRI. Lateral retinacular release is not supported, as there is no evidence of lateral tracking of the patella, recurrent effusion, or increased Q-angle greater than 15 degrees. Also, there is no abnormal patellar tilt on imaging studies. Based on the clinical information provided, the reviewer finds that outpatient right knee chondroplasty and lateral retinacular release is not medically necessary.

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)