

Notice of Independent Review Decision

DATE OF REVIEW: January 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient right knee arthroscopy with medial tendon debridement

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

This reviewer is licensed by Texas Board of Orthopedic Surgeons with 43 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, the claimant was evaluated by M.D. Physical exam showed tenderness around the lateral aspect of his right knee. He denies instability and

has full range of motion. He previously had a tibial plateau fracture. MRI shows a partial tear of his ACL. Physical therapy was recommended.

On March 8, 2010, the claimant was re-evaluated by, M.D. He is having some tenderness around his peroneal nerve where he has a burning sensation on the lateral side as well as his hamstrings. Continue anti-inflammatories and home exercise.

On March 31, 2010, the claimant was discharged from physical therapy from February 1, 2010 through March 8, 2010. He made fair progress. He hit a plateau with his therapy but still has a good deal of pain and significant weakness.

On April 23, 2010, an MRI of the right knee was performed. Impression: No significant joint effusion, no evidence of soft tissue swelling about the knee. Patellar cartilage is well maintained although there are minimal degenerative changes including spurring about the patellofemoral joint compartment. Mild degenerative change is present in the menisci without evidence of a tear. Both cruciate ligaments and collateral ligament complexes appear intact as interpreted by M.D.

On May 17, 2010, claimant was re-evaluated by M.D. Dr. injected his pes anserinus with 80 mg of Depo-Medrol and 6 cc of Lidocaine.

On May 19, 2010, claimant was re-evaluated by, M.D. His pain significantly improved following the injection for 4 hours.

On June 14, 2010, claimant was re-evaluated by, M.D. He continues to have pain and it feels like it is giving out on him and feels like numbness and tingling pain around the pes anserinus. Dr. recommended physical therapy to work on with his TENS unit.

On July 15, 2010, the claimant was discharged from physical therapy from June 24, 2010 through July 14, 2010. He made good progress with physical therapy. He is able to achieve full extension and 115 degrees of flexion.

On August 6, 2010, the claimant was evaluated by, M.D. He has numbness and tingling around his pes anserine. He has a positive Tinel's over the infrapatellar branch of the saphenous nerve lines. 2 cc of Lidocaine and 2 cc of Depo-Medrol were placed directly over the infrapatellar branch of the saphenous nerve with complete resolution of symptoms. Impression: Infrapatellar saphenous branch neuritis/neuroma. He was prescribed Lyrica 50 mg and Capsaicin cream.

On August 30, 2010, the claimant was re-evaluated by, M.D. He received little relief from his injection. Dr. recommended debridement of his pes anserinus.

On October 12, 2010, M.D., an Orthopedic Surgeon, performed a utilization review on the claimant. Rationale: His MRI is basically normal. There is no evidence of intra-articular pathology including tenderness but an arthroscopy is requested. There seems to be discussion of debridement of tendon and that is extra-articular. There does not appear to be any discussion in ODG of debridement of tendons and the literature does not discuss debridement of the pes anserinus as therapeutic tool. Therefore, it is not certified.

On October 25, 2010, the claimant was re-evaluated by M.D. Surgery was denied by Workers Compensation. He is still having tenderness around the pes anserinus.

On November 4, 2010, M.D., an Orthopedic Surgeon, performed a utilization review on the claimant. Rationale: There was no evidence of intra-articular pathology, including tenderness. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant twisted his right knee.

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

The previous decisions are overturned. The claimant has noted tenderness on multiple evaluations, has undergone physical therapy sessions, but still has pain and functional limitations despite conservative care. Based on the ODG Guidelines the claimant meets the criteria; therefore, the previous decisions are overturned.

ODG Indications for Surgery -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

- 1. Conservative Care:** Medications. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS
- 3. Imaging Clinical Findings:** Imaging is inconclusive.

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)