

SENT VIA EMAIL OR FAX ON
Jun/23/2011

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 405-0875

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgical Assistant; Left Knee Arthroscopy and Synovectomy

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

M.D., Board Certified in 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. Utilization review determination dated 04/22/11
2. Utilization review determination dated 05/09/11
3. Fax cover sheets
4. Independent Medical Evaluation dated 09/02/10
5. Clinical records Dr. dated 09/14/10-05/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX year old female who is reported to have sustained work related injuries to her knee on XX/XX/XX. It is reported on the date of injury she twisted her knee while on the ladder and developed severe pain medially. She underwent MRI which indicated a tear of the medial meniscus. She subsequently underwent arthroscopic meniscectomy on 12/11/03. She is reported to have undergone additional surgery which consisted of a repeat arthroscopic meniscectomy and chondroplasty and attempt at cruciate ligament reconstruction. She later came under the care of Dr. who performed a total knee arthroplasty on 12/26/08. Postoperatively she reported she was not evaluated by her treating surgeon as he would not be paid for. She is currently being managed by pain management and currently takes Opana for pain relief.

Records indicate the claimant was seen by Dr. on 09/14/10. At this time she presents with left knee pain aggravated by walking and standing. She is reported to have pain around superior pole of patella. Her current medications include Lunesta and Opana ER. On physical examination she is XX inches tall and weighs 1XX lbs. She is well developed and well nourished. Her gait is reported to be normal but squatting is painful. She has surgical scars over the left knee, mild swelling and mild effusion. She has quadriceps atrophy. She

has tenderness over the anterior medial joint line. Orthopedic testing is negative. Range of motion is 0-120 degrees. Left lower extremity strength is normal. Radiographs of knees showed no evidence of hardware loosening or wear. She is recommended to participate in strengthening program. She was instructed to return to office as needed.

The claimant was seen in follow-up by Dr. on 12/14/10. She reported aching knee pain. Her symptoms are relieved by NSAIDs, aggravated by walking and standing. She is reported to have stopped seeing her pain management doctor and is currently not taking any medications. It is reported that while on antibiotic therapy for a respiratory infection her knee felt pain free. Approximately one month after completion of antibiotic therapy her pain returned. She reports retropatellar pain with occasional catching. On physical examination her physical examination is unchanged. She was again recommended to participate in an exercise program and follow up with pain management.

The injured employee was seen in follow up by Dr. on 03/22/11. She again reports retropatellar knee pain aggravated by sitting and walking. Her medications remained unchanged. She is now reported to have a point of maximum tenderness at the medial patellar facet. There is a mildly positive anterior drawer. Her range of motion is 0-130 degrees. She was recommended to take over the counter anti-inflammatories, follow a home exercise program. Symptom management was discussed.

The injured employee was seen in follow up on 03/28/11. Her symptoms are unchanged and she presents for steroid injection. She subsequently received a corticosteroid injection at this visit.

The injured employee was seen in follow up on 04/14/11. It's reported that her current pain medications include Ultram. She reports feeling good immediately after the initial injection. Her pain progressively returned after two weeks. She reports anterior knee pain underneath the kneecap. On physical examination her maximum tenderness is at the medial patellar facet. She is now reported to have a positive apprehension sign. Anterior drawer is mildly positive. Range of motion is 0-140. Surgical intervention was recommended.

On 04/22/11 the request was reviewed by Dr.. Dr. notes that the injured employee has complaints of left knee pain and is status post left total knee replacement in 2003. She's noted to have tenderness in the medial patellar facet with a positive apprehension and anterior drawer test. Imaging study showed no evidence of loosening or wear. Conservative care has included oral medications. It's noted that there is no documentation of inconclusive imaging studies and that there is no documentation of a clear rationale for the requested arthroscopy. He finds the request not to be medically necessary. Records indicate that a peer to peer was conducted with Dr. on 04/21/11. The case was discussed. She's reported to have not responded to conservative treatment. Dr. notes that his experience with knee replacements is a high probability of post-operative synovitis which would respond well to synovectomy. The request was non-certified.

An appeal request was submitted and reviewed by Dr. on 05/09/11. Dr. non-certified the request noting that there was no documentation supporting the failure of conservative care and that conservative management had not been fully exhausted. He additionally finds that the request for surgical assistant is not certified as well.

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

The request for left knee arthroscopy is not supported by the submitted clinical information and the previous utilization review determinations are upheld. The submitted clinical records indicate that the injured employee is status post multiple surgeries to the knee with the most recent being a total knee arthroplasty performed in 2008. Post-operatively the injured employee is reported to have continued pain and was being followed by pain management. There is no indication in the clinical records that the injured employee has undergone any interval conservative treatment to include physical therapy. The records further did not contain any imaging studies to rule out any other potential causes for the injured employee's

continued knee pain. Based upon the available data the previous determinations are appropriate and the non-certification is upheld.

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)