SENT VIA EMAIL OR FAX ON
Jun/06/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
right knee arthroscopy with debridement

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Texas Licensed M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

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

[X] 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 02/21/11
2. MRI of the right knee dated 11/30/10
3. Clinical records Dr.
4. Utilization review determination dated 03/09/11
5. Physical therapy treatment records
6. Clinical records Dr.
7. Clinical records Dr.
8. Utilization review determination dated 02/21/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who is reported to have sustained an injury to her right knee after falling on kitchen floor on xx/xx/xx. She reported pain and grinding underneath her knee cap with some feeling of tingling and cramping in her muscles. She reported her pain wakes her up at night and interferes with recreational activities. She was initially treated with brace and

crutches with some improvement. She was seen at Emergency Department where x-ray showed no evidence of fracture. The claimant subsequently came under the care of Dr.. On physical examination dated 10/20/10 she has no swelling or tenderness in calves. She has no pain or laxity with varus / valgus stress. Ligamentous examination is stable. There is no joint line tenderness to palpation. There is soft tissue swelling visible anteriorly. She has mild effusion. There is tenderness to palpation over the medial retinaculum and lateral retinaculum. Palpation of patella reveals mild retropatellar crepitation. Compression of patella produces moderate pain. X-rays revealed normal alignment with no normal bony ossification with no evidence of fracture or dislocation or subluxation. She was subsequently diagnosed with contusion of chondromalacia patella. Records indicate the claimant was treated with oral medications, physical therapy and injection. On 11/30/10 the claimant was referred for MRI of the right knee. This study shows no evidence of meniscal pathology, no evidence of tear or degenerative signal change. The cruciate collateral ligaments were intact. There are no soft tissue abnormalities. There is no evidence of patella fracture or chondromalacia. A subsequent request was placed for right knee arthroscopy with debridement.

This was reviewed on 02/21/11 by Dr., orthopedic surgeon. Dr. notes there are no objective findings on physical examination. There is no locking or popping. Imaging does not show meniscal tear. As such, the claimant did not meet criteria for surgical intervention per ODG.

A subsequent appeal request was submitted and reviewed on 03/09/11 by Dr. , orthopedic surgeon. Dr. notes there are no meniscal or ligamentous pathologies. There were patellofemoral symptoms. He reported the claimant refused any injection treatment but appears to be willing to have arthroscopy. He reported further nonoperative care is indicated. He indicates the claimant does not meet ODG criteria.

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

The request for right knee arthroscopy with debridement is not supported by the submitted clinical information. Previous determinations of the prior reviewers are upheld. The submitted clinical records indicate the claimant sustained a contusion to her right knee as result of slip and fall. She has no obvious findings on MRI. There is no indication of meniscal pathology. She is noted to have no evidence of chondromalacia patella on imaging. Based on the clinical information provided, the claimant does not meet ODG criteria for performance of requested surgery. Based on this information, the previous determinations are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES