

Notice of Independent Review Decision

DATE OF REVIEW:

05/03/2011

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Arthroscopy of left knee and lateral release (29873, G0289)

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

The requested surgery arthroscopy of left knee and lateral release (29873, G0289) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- referral form
- 04/14/11 Referral
- 04/13/11 Notice To LLC Of Case Assignment,
- 04/13/11 Confirmation Of Receipt Of A Request For A Review
- 04/13/11 Notice to Utilization Review Agent of Assignment
- 04/13/11 Facsimile Transmittal with note from
- 04/12/11 Request For A Review By An Independent Review Organization
- 02/24/11 Preauthorization Determination Appeal Denied notice
- 02/22/11 report from D.O.
- 01/13/11 Preauthorization Determination Denied notice
- 01/12/11, 01/11/11 e-mails from/to
- 01/11/11 Physician Advisor Referral Form, R.N.
- 01/05/11, 01/31/11 (dates last seen by Doctor) Request For Preauthorization/Precertification
- 12/22/10 MRI left knee, Surgeons Associates
- 12/06/10 Preauthorization Determination Denied notice
- 09/07/10 Designated Doctor Evaluation, M.D.

- 09/07/10 Report of Medical Evaluation, M.D., DWC (poor quality)
- 05/14/09 Solicitud Del Empleado report,
- 05/06/09 to 04/11/11 Progress Notes, M.D., Surgeons Associates
- 05/01/09, 04/24/09, 04/17/09, 04/13/09 Progress Notes M.D., Medical Centers
- 04/29/09 MR left knee, Insight Imaging
- 04/14/09 to 04/23/09 office notes, PT, Medical Centers
- 04/13/09 left knee radiographs, Providence Imaging Consultants
- 04/13/09 Therapy – Initial Evaluation, Knee/Leg
- 04/13/09 office note, PT, Medical Centers
- Note: Carrier did not supply ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who sustained a left knee injury on xx/xx/xxxx when she tripped at work and fell. Conservative treatment has consisted of work restrictions, medications, steroid injections, bracing, physical therapy and Synvisc injections. Physical exam is significant for infra-patella tenderness, lateral patella subluxation, and an effusion. MRI revealed patella chondromalacia. The injured individual's BMI is 42.57.

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

The injured individual has a primary diagnosis of osteoarthritis. As stated below, Official Disability Guidelines (ODG) does not recommend arthroscopy as a primary treatment for osteoarthritis. In addition, lateral release is only indicated in patients with tight lateral retinaculum, and would actually worsen this injured individual's condition since she already has lateral subluxation of the patella.

ODG states:

Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. ([Kirkley, 2008](#)) See also [Meniscectomy](#).

ODG Indications for Surgery – Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. **Conservative Care:** Medication. OR Physical therapy. PLUS
2. **Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
3. **Objective Clinical Findings:** Effusion. OR Crepitus. OR Limited range of motion. PLUS
4. **Imaging Clinical Findings:** Chondral defect on MRI

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES