

MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 11-7-2011—Original Report
11-16-2011—Amended Report, parties notified 11-16-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of arthroscopy, knee, surgical; with lateral release.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the arthroscopy, knee, surgical; with lateral release.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD.

These records consist of the following:

MDR paperwork

determination letters 10-11-2011, 10-13-2011, 10-17-2011

Surgery or Procedure to be scheduled 2011

MD records 9-16-2011, 8-19-2011

University Health Sciences Center 4-19-2011, 3-22-2011, 3-4-2011, 2-11-2011

Rehab and Sport Medicine 1-14-2011, 4-18-2011, 7-27-2011, 8-10-2011

MRI right knee 2-2-2011

X-ray reports 8-19-2011

Physician Review 10-11-2011, 10-14-2011

Physicians 8-19-2011, 9-16-2011

PATIENT CLINICAL HISTORY [SUMMARY]:

According to information received, this patient sustained injury to his right knee when he was changing a flat on a tire by kneeling down. He received physical therapy for 8 visits according to physical therapy records dated 1-14-2011. An MRI was performed on 2-3-2011 that showed some tibiofibular joint irregularities and possibly ganglion cyst, with also joint effusion and possible loose body behind the fat pad. Some articular cartilage erosion was also shown of the femoral condyle, the lateral meniscus was a discoid meniscus, and there was also a small Baker's cyst.

On 2-11-2011, the patient was seen by Dr.. She elected to refer the patient to Dr..

On 3-22-2011, Dr. on examination mentioned that there was a tender medial part of the patellar tendon near the distal pole of patella. Knee stability was good but he noticed a loose body and osteochondral defect on x-ray. He elected to continue the patient on physical therapy with diagnosis of patellofemoral joint pain. On 4-9-2011, the patient was again seen by Dr. and again advised to continue physical therapy. He showed him the correct way of doing physical therapy, and diagnosis of degenerative joint disease was noticed on x-ray. On 8-19-2011 Dr. had a discussion with the patient and he recommended incision of patellar tendon with arthroscopy, however the patient wanted total knee replacement surgery. He also again showed him the correct way of doing physical therapy. X-rays again showed degenerative joint disease with loose body and moderate collapse of the medial joint space. In July 2011, the patient was scheduled for surgery to be done in November 2011. In September 2011, approximately about 5 months later, Dr. examined the patient and noticed a dysplastic VMO and hypertrophy of the lateralis muscle.

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

The requested service is not recommended. The service requested does not meet the guidelines according to ODG. Examination by MD revealed increased Q-angle, presence of effusion, patellofemoral joint tenderness, and crepitation. But according to the ODG, abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI must be demonstrated. These findings were not noted in the documentation and thus the criteria of the ODG is not met.

Reference ODG

ODG Indications for Surgery -- Lateral retinacular release:

Criteria for lateral retinacular release or patella tendon realignment or maquet procedure:

1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS
2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS
3. Objective Clinical Findings: Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS
4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI.

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)**