

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** NOVEMBER 22, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed right lateral retinoular release; medial patella femoral ligament reconstruction with hamstring autograft

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
844.1	right lateral retinoular release; medial patella femoral ligament reconstruction with hamstring autograft		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 42 pages of records received to include but not limited to: TDi letter 1.3.11; HDI letters 10.13.11, 10.26.11; IRO request forms; MRI Rt Knee 1.5.11, 8.19.11; Clinic notes 8.3.11-10.5.11

Requestor records- a total of 9 pages of records received to include but not limited to: First Physician's notes 8.3.11-10.5.11; MRI Rt Knee 8.19.11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an on the job injury on xx/xx/xx. He reported an injury in which his right knee was hyperflexed.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

There is nothing within the available documents for review which supports medical necessity of the requested surgery. The MRI dated 1.5.11 showed no disruption of the medial patellofemoral ligament and only a partial medial retinacular tear. The MRI dated 8.19.11 showed lateral patellar subluxation and tilting. There were no radiographic comparison of the subluxation or tilting in relation to both knees, since it was documented as the same in the initial exam.

Therefore, due to the medial patellofemoral ligament being intact, the lack of testing regarding the patellar tilting or the subluxation the denial is upheld. ODG guidelines do not support a major reconstruction of the medial patellofemoral ligament, given the MRI and clinical findings.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES