

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 10/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cartilage restoration procedure using immature chondrocytes, left knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering significant knee injury

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>					<i>11247965</i>	<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who sustained a left knee injury on xx/xx/xx. The mechanism of injury is not documented. He underwent an arthroscopic surgical procedure on 06/23/11 for bucket handle lateral meniscus tear. There is documentation of grade four chondromalacia of the lateral femoral condyle. Abrasive chondroplasty was performed in the margins of the extensive chondromalacia, and an osteochondral loose fragment was removed. The current status is the

patient is ambulating on crutches. He has a small effusion and atrophy of the quadriceps muscle as of a physical evaluation on 07/20/11. A request to perform a cartilage restoration procedure utilizing immature chondrocytes has been received. The request was initially denied. It was subsequently reconsidered and denied.

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

The use of immature chondrocytes in the restoration of articular cartilage is an investigational procedure. The procedure utilizing these immature chondrocytes requires that they be cultured and reinserted arthroscopically. There is another surgical procedure involving osteocyte transplantation (the so-called OATS procedure), which has been performed on a more regular basis than the use of immature chondrocytes. Both procedures are considered investigational. This patient has not had the types of drilling procedures that are commonly performed prior to considering articular cartilage restoration procedures. The prior denials were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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