

SENT VIA EMAIL OR FAX ON
Aug/26/2011

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Knee Arthroscopy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Request for IRO dated 08/08/11
2. Clinical records Dr. dated 04/06/11, 04/15/11, 04/29/11, 05/27/11, 06/15/11, 07/06/11, 08/05/11
3. MRI right knee dated 04/08/11
4. Physical therapy evaluation dated 04/18/11
5. CT of knee dated 06/22/11
6. Preauthorization request
7. Utilization review determination dated 06/10/11
8. Utilization review determination dated 06/17/11
9. Physical therapy progress notes

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a work related injury to his left knee on xx/xx/xx. On this date he is reported to have felt his knee buckle while jumping from short ledge 5 days ago. He was in a training exercise with Department. On physical examination

he is 5'9" tall and weighs 225 lbs. On examination he has some abrasions to anterior portion of left knee with some swelling, ecchymosis, and tender over the medial aspect of his left knee. Radiographs showed no evidence of obvious fracture or dislocation. He was referred for MRI of the knee.

On 04/08/11 MRI of the knee was performed. This study showed minimal joint effusion and was otherwise normal.

On 04/15/11 the claimant was seen in follow-up by Dr.. MRI results were discussed and showed normal appearing meniscus, intact ACL, PCL and collateral ligaments. There was mention of minimal joint effusion. He continues to have complaints of knee pain and stiffness. He was referred for physical therapy.

The claimant was seen in follow-up on 04/29/11. He is reported to have completed 2 weeks of physical therapy. On physical examination he is reported to have a laterally displacing patella when he does a deep knee bend. He subsequently was provided a brace and continued in physical therapy.

On 05/27/11 the claimant was seen in follow-up. He is reported to have completed 6 weeks of physical therapy with continued pain. He is reported to have a palpable mass within the knee capsule which is causing him pain. He subsequently was recommended to undergo diagnostic arthroscopy.

When seen in follow-up on 06/15/11 it is reported additional physical therapy was non-certified. He continues to have mobile mass of approximately 10 mm in circumference. An arthroscopy was requested for removal of foreign body. He will be referred for CT scan.

On 06/22/11 CT of the knee was performed without contrast which showed no soft tissue or bony abnormality.

On 06/10/11 the request for surgery was reviewed by Dr. who notes that MRI did not show any medial retinaculum disruption or any bone contusion and that diagnostic scope is not validated by the submitted clinical records.

On 07/06/11 the claimant was seen in follow up. He's reported to have circumscribed nodules deep in the subcutaneous tissue. There's no evidence of foreign body so the diagnosis is now pre-patellar bursitis that is calcified or formed scar nodules. He subsequently recommends a pre-patellar bursectomy. The subsequent appeal request was reviewed by Dr. who notes that on physical examination the claimant's physical findings appear to be just in the pre-patellar region and not involving the joint itself. The most recent treatment suggested was a bursectomy and not an arthroscopy with no tenderness along the palpate to palpation along the joint lines noted no documentation of any loss of range of motion or instability or mechanical symptoms in regards to the knee left knee arthroscopy would not be clinically indicated.

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

The request for left knee arthroscopy is not supported by the submitted clinical formation. The available medical records indicate that the claimant sustained contusion/abrasion to the knee . The submitted clinical records indicate that the claimant has undergone a course of conservative treatment and is reported to have nodules in the pre-patellar bursa. The claimant has no identifiable pathology on imaging studies and therefore the request for arthroscopy was not supported as medically necessary and the previous utilization review determinations are upheld. The records and guidelines suggest that the claimant may benefit from bursectomy a pre-patellar.

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