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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left knee prepatellar bursectomy w/ wound vac

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates Knee & Lower Leg Chapter
Office note, Dr, 06/22/11
Peer Reviews, 07/01/11 and 07/12/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female employee who sustained a work related injury to her left knee on xx/xx/xxxx. The injury was due to a fall with the claimant landing directly on the left patella. The diagnosis is a ruptured prepatellar bursa of the left knee. The claimant was seen on 06/22/11 by Dr. with complaints of left knee pain, swelling, stiffness and tenderness. Exam findings revealed an eighteen by twelve centimeter (18 x 12 cm) hematoma over the prepatellar region. A moderate amount of maturing ecchymosis of the knee and lower extremity was noted. Sensation was documented as normal. In office x-rays showed no new fractures or dislocations. The fibular head, tibial tuberosity and eminence as well as the femoral condyles and tibial plateau were all noted to be intact. Dr. assessment was a ruptured pre-patellar bursa with the recommendation given for a prepatellar bursectomy. The claimant was to return post-operatively. There was not any notation of conservative care in the submitted records. The request for surgery was denied twice per peer review on 07/01/11 and 07/12/11.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION
The requested Left knee prepatellar bursectomy w/ wound vac is medically necessary based on review of this medical record and review of the prior appeals to include a 07/01/11 and 07/12/11 communication letter. This is a woman who fell directly on her knee xx/xx/xxxx. She was seen by Dr., 06/22/11, who documented an extremely large 18 x 12 centimeter anterior hematoma in the prepatellar bursa region, and he wished to excise that. The 07/01/11 communication with Dr. office indicated the claimant had continued swelling. The 07/12/11 letter indicated that they had spoken with the office on 07/11/11, and the knee was still twice as large as the opposite leg. They had attempted an aspiration, but the contents of the bursa were too thick to aspirate, and the claimant continued to have pain and swelling.

General orthopedic knowledge is that patients who have a large subcutaneous hematoma that do not spontaneously resolve over a short length of time can have that surgically excised. In this case, it would appear from the records and from the letters that this is a 12 x 18 centimeter area that did not get better and was too thick to aspirate. It would appear the claimant has been appropriately treated, yet has not improved. Therefore, the requested surgical intervention for bursal resection and hematoma resection are medically necessary.

The request for a vacuum-assisted closure (VAC) device is also medically reasonable and necessary, in that this is an extremely large hematoma, and it is possible that at the time of surgery, there is going to be difficulty with getting the wound closed and getting appropriate skin coverage. The ability to have the vacuum device and be able to use it if necessary may be the difference between getting this wound to heal and having an open chronic wound issue. In light of the fact that this is a large hematoma which was not able to be aspirated, and it has continued to cause swelling and limitation in function, and the fact that the physician is concerned about wound healing with such a large hematoma, then the requested Left knee prepatellar bursectomy w/ wound vac is medically necessary.

Wheeless' Textbook of Orthopedics online

Bursae and Bursitis of the Knee

- Anatomy
    - Four bursae around knee are susceptible to and inflammatory respons

      from direct or indirect trauma
    - prepatellar bursae is most commonly affected area (housemaids knee)
    - may show significant degree of swelling
    - two bursae are infrequently affected
        - infrapatellar and deep patellar bursae
        - when dx is in must also consider fat pad impingement syndrome versus bursitis
    - fourth bursa
        - deep to pes anserinus insertion
        - rarely affected w/ bursitis (dx of exclusion)
        - first r/o chondral fx, meniscal tear, or osteonecrosis
- Infrapatellar bursitis
    - small deep subpatellar or infrapatellar bursa is located between tuberosity of tibia &

patellar tendon and is separated from synovium of the knee by a pad of fat

- Prepatellar Bursitis

- traumatic prepatellar bursitis may be caused by acute injury such a

fall directly on the patella or by recurrent minor injuries, such as those that produce "housemaid's" knee

- pyogenic prepatellar bursitis is common, especially in children

- when bursae is large, swelling may be so pronounced that dx of pyogenic arthritis of knee joint may be mistakenly made

- this mistake must be avoided because if the knee joint is opened pyogenic arthritis will develop

- on other hand, if correct dx is made & bursa is drained properly, pyogenic arthritis is prevented

- Management of Bursitis

- aspiration and injection of an appropriate drug

- traumatic bursitis will often respond favorably to aspiration & injection of an appropriate steroid preparation

- incision and drainage when an acute suppurative bursitis fails to respond to non surgical treatment

- excision of chronically infected and thickened bursa

- removal of underlying bony prominence

- Technique of Drainage

- approach of bursa thru two longitudinal incisions, one medial and one lateral, or thru a single transverse incision

- open bursa, evacuate its contents, and pack it loosely w/ petrolatum gauze or close it loosely over a drain as seems appropriate

- compression dressing should be applied after aspiration

- After Treatment

- because cellulitis is always present, the extremity is immobilized in posterior splint, and appropriate antibiotics are given

- if gauze has been used to pack bursa, it is changed at least qod

- even w/ good drainage, sinuses often persist on one or both sides of joint

- joint must not be invaded since bursa does not communicate w/ it

- pt should be informed when first seen that complete excision of bursa may be necessary if healing fails to occur after

simple drainage

- when walls of bursa are thickened from chronic inflammation, resecting entire bursa is usually easy, but when lesion is acute & effusion is serous, excising the bursa completely may be impossible, yet enough may be excised to relieve symptoms

- occasionally fibrosis or synovial thickening w/ painful nodules requires excision of the bursae;

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ODG Vacuum-assisted closure wound-healing

Under study. Chronic skin wounds (including pressure ulcers, diabetic ulcers, and vascular ulcers) are a major source of morbidity, lead to considerable disability, and are associated with increased mortality. Vacuum-assisted closure therapy is a technology designed to improve wound healing. The body of evidence is insufficient to support conclusions about the effectiveness of vacuum-assisted closure in the treatment of wounds. Trial protocols provided by the manufacturer of the V.A.C.® device (Kinetic Concepts, Inc., KCI) outline much larger trials that are condition-specific and address many of the quality problems found in the published studies. (Samson-AHRQ, 2004) A tremendous amount of research has been conducted in recent years investigating the mechanisms of action by which the application of subatmospheric pressure to wounds increases the rate of healing. However, many more need to be conducted. (Morykwas, 2006) See also the Shoulder Chapter for more references.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)

[x] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION - Wheeless' Textbook of Orthopedics online