



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision
Amended and Sent 2/13/2012

DATE OF REVIEW: 2/08/2012

Date of Amended Decision: 2/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OUTPATIENT RIGHT KNEE SCOPE WITH LATERAL RELEASE POSSIBLE DEBRIDEMENT.

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

M.D. Board Certified in Orthopedic Surgery/ Fellowship trained Spine Surgeon.

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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	1/19/2012
Health Care Workers' Comp Services Utilization Review Determinations	12/23/2011-1/09/2012
Orthopedics PLLC M.D. Office Visits Notes	8/1/2011-1/18/2012
r Medical Imaging MRI Report	12/16/2011
Imaging Center at the Institute MRI of the Right knee Report	1/28/2010
Patients Request for Release of Medical Information	1/04/2011
Healthcare System Daily Progress Notes	10/19/2011-1/04/2012
Healthcare Patient Referral and Intake	2/24/2011
Chronic Pain Management Program Progress Notes	4/21/2011-4/28/2011
Healthcare Systems Evaluation	11/07/2011
Physical Performance Evaluation	3/17/2011
BTE Evaluation Report	3/17/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

Injured worker sustained an injury to her knee on xx/xx/xx and is now s/p right knee ACL reconstruction on 6/24/2009 (3 months after DOI) and s/p second look arthroscopy performed on 2/17/2010 (11 months after DOI) which involved debridement of a Cyclops lesion. In August, patient presented to another surgeon (Dr.) complaining of right knee pain. Over a period of 5 months, a trial of conservative management was prescribed, including medications, bracing, and synvisc and steroid injections. Examination findings in Dr.' notes hence revealed an antalgic gait, tenderness along the anterior joint line, quad muscle wasting, a positive patellar grind test, positive McMurray's. Due to persistent pain despite two knee arthroscopies and the recent series of injections and bracing, an MRI of the knee was performed in December 2011, which showed an intact ACL and a moderate



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joint effusion. The requesting surgeon's note in December of 2011 reports "patellar mal-tracking" resistant to bracing, pain management, and activity modifications. The surgeon is requesting an arthroscopic lateral release in order to "re-align" and correct the patellar mal-tracking as it is the mal-tracking that is the source of the patients knee pain.

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

The request for an arthroscopic lateral release is not medically necessary. There are minimal findings in the notes from September through December that suggest patellar mal-tracking to be the fundamental diagnosis. There are no radiographic reports to suggest increased patellar tilt, i.e. Merchant views. Furthermore, if the diagnosis were patellar mal-tracking, generally a trial of therapy is recommended. Patients with chronic patellar femoral pain may benefit from physical therapy, which can help them to regain strength, motion, and proprioception. Patellar taping also may help to control excessive patellar motion during therapy. There is insufficient data to support that any therapy was prescribed specifically to address the mal-tracking. In addition, lateral release may be an option in patients with increased lateral patellar tilt manifesting as chronic patella-femoral pain, but in patients with patellar instability, lateral release is a poor surgical option.

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



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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)