

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient right knee removal soft tissue mass 27337

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Request for IRO dated 01/18/12

Utilization review determination 12/08/11

Utilization review determination dated 01/06/12

MRI of right knee 11/17/11

Clinic notes Dr. dated 01/27/09, 03/03/09, 11/08/11, and 12/02/11

Physical therapy progress notes

Operative report dated 02/19/09

PATIENT CLINICAL HISTORY SUMMARY

This claimant is a male who injured his right knee on xx/xx/xx. He had ACL reconstruction with BPTB autograft and medial and lateral meniscal repairs performed on 12/19/07. On 01/27/09 he was very tender on medial aspect of knee and has occasional swelling. He reported a lot of popping that is painful at times. He has increase of pain when pivoting and reported his knee feels stiff. Physical examination indicates he was tender over medial joint line. Lachman's is negative. Range of motion is 0-120. There is no tenderness over the lateral joint line. There is mildly positive McMurray's. Right knee arthroscopy with debridement and chondroplasty was recommended. He had surgery on 02/19/09 at which time he underwent a right knee arthroscopy with global debridement, subtotal synovectomy and chondroplasty of medial femoral condyle.

The claimant was seen in postoperative follow-up on 03/03/09. He reported that he was feeling better since surgery. Medial and lateral sided pain has improved. He mentions some surgical soreness over medial knee. He stated the knee is still swollen and he has some limitations in range of motion but is continuing to work on this. It was reported he was referred for physical therapy.

On 11/08/11 he reported he is doing well; however, the other day he was walking and went to kneel down and pick up his keys and began to get up. His knees started popping and he began experiencing increase in pain in medial aspect of knee. He had slight swelling at time but feels it has subsided for the most part. He reported experiencing buckling of knee when he walked. He has well healed arthroscopy incisions. Range of motion is 0-120. Straight leg raise is intact. There is no tenderness over the medial or lateral joint line. Lachman's is negative. Radiographs show mild patellofemoral arthritis. MRI was performed on 11/17/11 and notes ACL graft to be intact. The meniscus is intact. There is some mild lateral patellar tracking due to patellar tendon graft donor site. The lateral patellar retinaculum shows deficiency and thickening near inferior patellar attachment. There is no inflammation. There is possibly a small area of marrow edema or bone contusion in distal femoral metaphysis.

On 12/02/11, it was reported he still has small mass that seems to bother him the most. On examination of right knee there is 5x5 mm mass that appears to be mobile and is in subcutaneous area of skin. He subsequently is recommended to undergo surgical removal of soft tissue mass. On 12/08/11 Dr. reviewed the case and found that the rationale for intended procedure is not clearly stated. There is no clear documentation of exhausted pharmacotherapeutic use of analgesics and anti-inflammatory medications. On 01/06/12, Dr. reviewed the case and agreed there was no rationale provided for intended procedure.

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

The records make no reference of this mass until final clinic note dated 12/02/11. It is reported that the patient has subcutaneous mass 5x5 mm that is mobile on examination. There is no other data regarding consistency of mass. The records do not include any evaluation of mass, exact anatomic location is not described, and there is clear lack of information regarding conservative treatment. Further, this would appear to be mass that potentially could be removed during office procedure rather than requiring operating room. There is clear lack of information regarding this mass as well as no definitive treatment plan contained in clinical record, Therefore, the reviewer finds that medical necessity does not exist at this time for outpatient right knee removal soft tissue mass 27337.

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

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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