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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

right knee arthroscopy and indicated procedures (29881, possible 29877), medical clearance, cryocuff and crutches or walker, and PT to start day after surgery

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)

The patient has not responded to conservative management and surgical intervention would be indicated. However given the claimant's age and lack of risk factors there would be no clinical indication for pre-operative medical clearance. Post-operative cryo cuff is recommended for seven-day rental. The claimant may be provided crutches and post-operative physical therapy is recommended for 12 sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who has date of injury of xx/xx/xx. She is reported to have been walking behind counter when she twisted her knee and felt pop. She was referred for MRI of right knee by xxxxx, FNP, which was performed on xxxxx. This study notes partial tear of anterior cruciate ligament. She is reported to have grade I contusion of medial and collateral ligaments.

On xxxxxx the claimant was seen by. She reported on date of injury she twisted and her knee popped. She complains of sharp stabbing pain along medial side of her knee worse with bending. She has seen PCP ordered x-rays and placed in knee immobilizer. She continued to have pain, was referred for MRI. She has past surgical history, which includes gastric bypass. On physical examination she is noted to be 64 inches tall and 185 lbs. She has slow gait. She uses no assistive devices. She is reported to have small effusion and tenderness over the medial joint line. Active flexion is to 100 degrees. Extension is to 0. Orthopedic testing is negative. Radiographs were reviewed. MRI was reviewed. The claimant was provided Ultram 50 mg and recommended to participate in therapeutic program. The claimant was seen in follow-up on 05/24/11 and noted to be improving. She has been participating in physical therapy. She reported a couple of buckling episodes with lateral movement. She has been working light duty and has neoprene sleeve, which she has not utilized over past 2 weeks. Range of motion is from 0-135. She is tender over medial femoral condyle.

The claimant was seen in follow-up on 07/13/11. She is reported to have some swelling of left knee. She is working full duty. On physical examination she has effusion. She has some pain medially. She received intraarticular corticosteroid injection. The most recent clinic note is dated 12/08/11. The records indicate she was last seen on 07/13/11. She reports that her symptoms did not improve she complains of pain along the medial aspect of her knee worse with activity. She reports her knee catches at times. On examination she has a small effusion she has tenderness over the medial joint line. Range of motion is 0-120. She is reported to have a positive McMurray's test and a questionable trace positive anterior drawer. She's further noted to have right pre-tibial edema graded as 2+ and left pre-tibial edema graded as 1+. She was recommended to undergo arthroscopy. recommends against an ACL reconstruction and suggests that the claimant has a medial meniscus tear. The initial request for surgery was reviewed by

on 12/19/11 who non-certified the request noting that applicable clinical practice guidelines recommend diagnostic arthroscopy to treat knee symptoms that persist despite non-operative treatment including appropriate rehabilitative exercises and one diagnostic imaging is inconclusive. He notes that in the claimant's case there is chronic knee pain that she associated with walking approximate with working approximately nine months ago MRI findings by themselves do not show surgical lesion. He notes that there's no report of an active rehabilitation exercise program and therefore medical necessity for right knee arthroscopy and the indicated procedures was not medically necessary.

A subsequent appeal request was reviewed by on 12/27/11 who non-certified the request noting that the claimant's treatment has included a steroid injection which was unhelpful other treatment included physical therapy and a neoprene sleeve. Medications prescribed include Vicodin. He notes that there are no definite signs or symptoms such as catching locking or giving away or definite imaging study evidence such as meniscal tear ACL tear or loose body. Or of mechanical internal derangement of the knee that might be expected to respond to surgical treatment. Based upon his review he opines that the request is not medically necessary.

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

The request for right knee arthroscopy indicated procedures 29881 possible 29877 medical clearance cryo cuff crutches or walker and physical therapy to start the day after surgery is partially overturned. Based upon the submitted clinical records the claimant has had no response to appropriately documented conservative management. It is noted that initial MRI showed a partial tear of the anterior cruciate ligament and the meniscus were opined to be intact. Per the clinical records there has been a progression of the claimant's symptoms, which suggest the presence of a meniscal tear on examination. The patient has not responded to conservative management and surgical intervention would be indicated. However given the claimant's age and lack of risk factors there would be no clinical indication for pre-operative medical clearance. Post-operative cryo cuff is recommended for seven-day rental. The claimant may be provided crutches and post-operative physical therapy is recommended for 12 sessions.

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)