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Notice of Independent Review Decision

DATE OF REVIEW: 12/29/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient right knee arthroscopy with chondroplasty, drilling, and lateral release

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

Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient right knee arthroscopy with chondroplasty, drilling, and lateral release - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRI of the right knee dated 03/05/11

Reports from Medical Centers dated 04/07/11, 04/12/11, 04/27/11, 05/05/11, and 09/07/11

Patient referral dated 04/12/11

Physical therapy evaluation dated 05/05/11

Utilization Review Request dated 05/06/11

Reports from D.O. dated 08/02/11 and 09/16/11

Surgery request dated 08/04/11

A letter from Dr. dated 08/11/11

Notifications of Adverse Determinations from dated 09/29/11 and 10/17/11

Undated notes from an unknown provider at

The Official Disability Guidelines (ODG) were not provided by the carrier or URA

PATIENT CLINICAL HISTORY

An MRI of the right knee on 03/05/11 revealed a lateral meniscus intrasubstance degeneration versus contusion and mild lateral femoral subluxation with infrapatellar fatty inflammation. Benign appearing fatty lesion within the proximal tibia likely representing an interosseous lipoma with perilesional edema was noted. On 04/07/11, Dr. reviewed the MRI and noted the patient had no signs of RSD other than pain. He tried a steroid injection, but the patient could not tolerate it. She was referred to pain management, as she was not a surgical candidate. On 04/12/11, M.D. evaluated the patient. The assessment was right knee lateral femoral subluxation. He referred to the patient to an orthopedist for a second opinion and prescribed Tramadol. On 04/27/11, M.D. evaluated the patient. Physical therapy was recommended and light duty was continued. On 05/05/11, the patient was evaluated in physical therapy. Therapy three times a week for three weeks was recommended. Dr. evaluated the patient on 08/02/11 and diagnosed her with right knee complex regional pain syndrome (CRPS). Neurontin was prescribed and a right lumbar sympathetic block was recommended. On 09/07/11, Dr. stated he had no other option to offer the patient but to consider arthroscopy and most likely lateral release. On 09/16/11, Dr. stated about 80% of the patient's neuritic pain was improved. He agreed with the recommendation for arthroscopy. On 08/11/11, Dr. wrote a letter of appeal for the sympathetic block. On 09/29/11, M.D., for, provided a notification of adverse determination for the requested outpatient right knee arthroscopy with chondroplasty, drilling, and lateral release. On 10/17/11, M.D., also for, provided another notification of adverse determination for the requested right knee surgery.

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

The patient is a (five feet tall and a weight of 220 pounds) female who was reported to have sustained a work related injury on xx/xx/xx. The reported mechanism of injury was

slipping on ice. The first medical reviewed is over two months' status post injury. An MRI scan interpreted by Dr. on 03/05/11 revealed mild lateral patellofemoral subluxation with intact cartilage surface; which are findings consistent with patellofemoral maltracking. Dr. and other providers have documented pain out of proportion to her objective clinical findings. He noted non-focal pain, negative soft tissue swelling, and a negative effusion. Her examination was limited by pain behaviors (wincing, crying, and increased pain with light touching). He felt that there was no organic cause for her symptoms and felt there were no surgical indications.

The patient was then evaluated by Dr. for a second opinion. Dr. interpretation of the MRI scan was significantly different on 04/27/11 than the radiologist or Dr.. He referred the patient to a pain management physician, Dr., who felt the patient had a CRPS. Dr. the second orthopedic surgeon, recommended arthroscopic surgery because of her failure to improve. The patient reported no relief from a corticosteroid injection, which is a poor prognostic sign.

The ODG require all the following for a chondroplasty: 1) Conservative care to include medication or physical therapy plus, 2) subjective clinical findings to include joint pain and swelling plus, 3) objective clinical findings to include effusion, crepitance, or limited range of motion plus, 4) imaging clinical findings to include a chondral defect on MRI scan.

The ODG criteria for a lateral retinacular release include the following: 1) Conservative care to include physical therapy or medications plus, 2) subjective clinical findings to include knee pain with sitting or pain with patellofemoral movement or recurrent dislocation plus, 3) objective clinical findings to include lateral tracking of the patella or recurrent effusions or patellar apprehension or synovitis with or without crepitance or increased Q-angle greater than fifteen degrees plus, 4) imaging clinical findings, abnormal patellar tilt on x-ray, CT, or MRI scan.

The described mechanism of injury and documented physical findings were, at most, consistent with a patellar contusion. A patellar contusion can have symptoms as long as six months, which resolve with conservative treatment. The requested surgical procedure does not meet the ODG criteria as outlined above. Several physicians have documented no effusions and Dr. reported a Q-angle of 10 degrees. There is no evidence of significant chondral defect on MRI scan. In addition, a questionable

procedure in the setting of a CRPS could be disastrous. Therefore, the requested outpatient right knee arthroscopy with chondroplasty, drilling, and lateral release is not reasonable or necessary and the previous adverse determinations should be upheld.

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

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

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

Medical Disability Adviser