

SENT VIA EMAIL OR FAX ON  
Jan/17/2012

## Pure Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/13/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1 left knee arthroscopy, patellar chondroplasty or trochlear groove chondroplasty and possible meniscectomy

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

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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Preauthorization reconsideration determination 12/14/11

Preauthorization review determination 12/02/11

Office notes Dr. 05/12/10-12/14/11

Initial medical report and progress / SOAP notes Dr. 01/26/10-10/12/11

Narrative report Dr. 05/26/11 and 07/21/11

Consultation report and orthopedic comprehensive evaluation Dr. 08/04/10 and 05/12/11

Chart notes Dr. 04/04/11-04/14/11

Consult report Dr. 03/30/11

Note Dr. 02/08/11

Follow-up evaluation Dr. and Dr. 10/27/10 and 02/10/10

Operative report left transforaminal epidural steroid injection 07/12/11

EMG/NCV upper extremities 07/01/10

EMG/NCV lower extremities 04/22/10

MRI scan cervical spine 06/01/10  
Left shoulder MRI 04/23/10  
Left knee MRI 03/05/10  
Lumbar spine MRI 03/05/10  
Functional capacity evaluation 10/21/11  
Designated doctor evaluation Dr. 03/24/11  
Behavioral health evaluation 09/29/11  
Collaborative report for medical necessity chronic pain management program 04/26/11  
Videonystagmography 10/11/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured in motor vehicle accident on xx/xx/xx when struck from behind by an 18 wheeler. The claimant was noted to have multiple complaints including left knee, left shoulder, neck and left low back. MRI of left knee dated 03/05/10 reported no acute internal derangement. There was subtle T1 hyperintense focus in body of lateral meniscus, which is nonspecific possibly representing focus of chondrocalcinosis. Trace knee effusion was also noted. The claimant was seen by multiple providers for various aspects of his injury. He was seen by Dr. with complaints of pain in patellar area of left knee. The claimant stated he could not bear weight on his leg. Examination of left knee reported positive patellar femoral grinding and compression test. Dr. recommended consideration of arthroscopy of left knee, patellar chondroplasty or trochlear groove chondroplasty, and possible meniscectomy. The claimant was seen in follow-up on 10/13/10 with complaints of pain in left knee. There is no change in physical examination. It was noted that left knee surgery had been denied because of lack of provocative test. Dr. noted the claimant does not want shots. He has had physical therapy on his knee and also been on Meloxicam. The claimant was seen on 10/31/11 by Dr. with still the same complaints. The claimant stated he had seen Dr. who gave him injections of knee and shoulder several times but they were of no effect. He also had physical therapy, which was not helpful. There was no change in physical examination. Assessment was chondromalacia of patella of left knee; tendinitis of left rotator cuff and possible cervical radiculopathy.

A preauthorization review performed on 12/02/11 determined request for left knee arthroscopy, patellar chondroplasty or trochlear groove chondroplasty and possible meniscectomy was determined as non-certified. As per 10/31/11 medical report the claimant presented without improvement with left knee injection and physical therapy. It was noted most recent physical examination was cursory without documentation of strength by MMT, range of motion measurements or orthopedic maneuvers best illustrated with clinically functional status of claimant. There is no objective documentation of recent conservative treatment. There are no recent physical therapy progress notes to show the claimant's functional response. The operative report for knee injections was also not provided. Optimized pharmacotherapeutic utilization in conjunction with VAS scores and rehabilitative support is not evident in report. There are no plain radiologic studies to rule out other bony pathology. As such, medical necessity is not established at this time.

A reconsideration / appeal request for left knee arthroscopy, patellar chondroplasty or trochlear groove chondroplasty, and possible meniscectomy was reviewed on 12/14/11 and again non-certified. There is now documentation as per report dated 10/31/11 the claimant stated injections he received in his knee and shoulder several times had no effect. He also had physical therapy, which was of no effect. MRI showed no acute internal derangement but revealed punctuate T1 hyperintense focus in body at medial meniscus, possibly representing focus of chondrocalcinosis with trace knee effusion and subtle suggestion of grade II chondromalacia along anterior surface of lateral femoral condyle. There remains no recent documentation of objective physical findings (effusion, crepitus, or limited range of motion). Therefore, medical necessity has not been substantiated.

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

Based on the clinical information provided, the proposed left knee arthroscopy, patellar chondroplasty or trochlear groove chondroplasty and possible meniscectomy is not indicated as medically necessary. The claimant was injured secondary to motor vehicle accident. He complains of left knee pain. MRI of left knee on 03/05/10 reported no acute internal derangement confirmed, and medial meniscus is intact. There is subtle T1 hyperintense focus in body of lateral meniscus, which is nonspecific and possibly represents chondrocalcinosis. Records indicate the claimant was seen by Dr. who reportedly performed injections to left knee and left shoulder, but there is no documentation of these procedures indicating the type of injection performed, with follow-up assessment of response to injections. The claimant also is reported to have participated in physical therapy of left knee, but no physical therapy progress notes were provided for review. Per 12/14/11 office note, range of motion of knee is 0-110 degrees, but no other orthopedic assessment is provided. Given the clinical data presented, medical necessity is not established. The previous denials should be upheld on IRO.

**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)