SENT VIA EMAIL OR FAX ON
May/03/2012

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Manipulation Under Anesthesia and Left Knee Arthroscopy

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Request for IRO dated 04/12/12
Utilization review determination dated 03/15/12
Utilization review determination dated 03/28/12
MRI left knee dated 07/02/11
Clinic note Dr. dated 06/09/11-09/09/11
Operative report dated 07/28/11
Clinic notes Dr. 10/06/11-04/05/12
Physical therapy records

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported that the claimant twisted his knee and felt a pop while trying to get up in the work place. He is reported to have had immediate swelling. He was subsequently seen by Dr.

and ultimately taken to surgery on 07/28/11. At this time he underwent chondroplasty of patellofemoral joint, partial lateral meniscectomy with chondroplasty of lateral femoral condyle and lateral tibial plateau and chondroplasty of medial femoral condyle. Postoperatively he was referred for physical therapy. He was not indicated to have had significant improvement. He at one point was recommended for left unicompartmental arthroplasty which was not approved under utilization review. Records indicate the claimant was returned to surgery on 11/11/11 at which time he underwent a left total knee arthroplasty. Postoperatively he was referred for physical therapy. Records indicate despite having postoperative physical therapy, CPM, and home exercise program that the claimant continued to have restrictions in range of motion. Per clinic note dated 03/08/12, the claimant has complaints of pain, stiffness, swelling and tingling in left knee. He has constant pain which has increased with flexion. He is currently taking Hydrocodone. Physical examination notes range of motion to be +10 to about 90 degrees. The most recent clinic note is dated 04/05/12. This note indicates the claimant has received 3 denials for manipulation under anesthesia of left knee. He continues to be symptomatic. He is reported to have restricted range of motion, ambulates with limp and is unable to flex his leg. Range of motion is reported to be -5 extension and 95 degrees flexion. Passive range of motion is the same. Motor strength is 5/5.

The initial review was performed by Dr. who notes that the Official Disability Guidelines would not support left knee arthroscopy with manipulation under anesthesia. He reports that this procedure is under study for treatment of arthrofibrosis and that it is only supported in individuals who failed to achieve 90 degrees of flexion in the early post-operative period or after six weeks. He notes that the claimant is 12 weeks out from a left total knee replacement and manipulation under anesthesia would not be supported. He notes that physical therapy progress notes were not provided and non-certified the request.

The subsequent appeal request was performed by Dr on 03/28/12 who non-certified the request noting that this is a reconsideration of a previous non-certification. He notes that there is a lack of discussion regarding intraoperative notes and the claimant's current status or in current information regarding the claimant's rheumatoid arthritis. He notes that the claimant is 16 weeks out from a left total knee replacement and manipulation under anesthesia would not be supported. Physical therapy progress notes were not submitted.

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

The request for manipulation under anesthesia and left knee arthroscopy is medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate that the claimant has a history of a left knee injury which resulted in the performance of a meniscectomy and chondroplasty later followed by total knee arthroplasty. In the post-operative period the claimant or the records indicate that the claimant has undergone extensive post-operative treatment for these procedures. Serial clinical records indicate that the claimant has significant limitations in range of motion and the most recent measurements are +5 extension lag and 90 degrees of flexion. Active and passive ranges of motion are equal indicating that the claimant has arthrofibrosed. Per current evidence based guideline the treatment for this would consist of arthroscopy with lysis of adhesions and manipulation under anesthesia. Therefore, based upon the submitted clinical information, the request is opined to be medically necessary to treat the functional restricted range of motion.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES