

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/29/2012

**IRO CASE #:**

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

Rt knee Exam Under anesthesia, scope, and proximal patellar realignment

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

M.D., Board Certified Orthopedic Surgeon (Joint)

**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 medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that medical necessity does not exist for Rt knee Exam Under anesthesia, scope, and proximal patellar realignment.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy notes dated 06/26/12 – 08/21/12

Operative reports dated 10/25/11 – 03/01/12

MRI of the right knee dated 08/03/11

Clinical notes by Dr. dated 10/07/11 – 09/05/12

Prior reviews dated 08/28/12 and 09/11/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury to the right knee while stepping onto equipment. The patient indicated that his right knee gave way and subsequently, the patient developed instability. The patient is status post multiple surgical procedures to the right knee to include debridement, chondroplasty, and medial meniscectomy on 10/25/11. The patient underwent right knee lateral release and excision of a medial meniscus tear on 01/26/12 and a repeat excision of the medial meniscus with a tibial tubercle transfer was completed on 03/01/12. The patient was instructed to be non-weightbearing postoperatively. The patient did attend physical therapy through 08/12. Clinical evaluation on 08/22/12 indicated that the patient completed 9 sessions of work conditioning. The patient continued to use a crutch for

ambulation and reported popping within the right knee. Physical examination revealed an extension lag to 5 degrees in the right knee and flexion to 115 degrees. Popping was reproduced on range of motion with pain reported by the patient. Radiographs were stated to show evidence of a healing tibial tubercle with no shift of the hardware. Proximal patellar realignment was recommended at this visit. Follow-up on 09/05/12 reported no significant changes on physical examination. There was improvement in the patient's patellar tracking with lateral pressure to the patella. Patellar realignment procedure was recommended. The request for right knee arthroscopy with patellar realignment was denied by utilization review on 08/28/12 as there was a lack of documentation regarding any full thickness tearing of the patellar ligaments or rupture of the extensor mechanism of the patella. The request was again denied by utilization review on 09/11/12 as there was no updated imaging studies to support evidence of a patellar tendon rupture.

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

There have been no updated imaging studies of the right knee provided for review since 08/11. The patient was reported to have some abnormal tracking of the right patella on physical examination in 09/12; however, without updated imaging studies documenting significant lateral tracking or rupture of the patellar extensor mechanism, the requested surgical procedure would not be indicated as per the guidelines. Additionally the patient has undergone multiple right knee surgical procedures with little or no improvement in symptoms and it is unlikely that the patient would reasonably improve with further surgical intervention. As the clinical documentation provided for review does not meet guideline recommendations for the request, it is the opinion of the reviewer that medical necessity does not exist for Rt knee Exam Under anesthesia, scope, and proximal patellar realignment.

**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)