

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/22/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left Knee Arthroscopy, Lateral Release with assistant surgeon 29881, 29873

A 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)

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 the requested Outpatient Left Knee Arthroscopy, Lateral Release with assistant surgeon 29881, 29873 would not be considered medically necessary at this time.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Computerized muscle testing and range of motion reports 06/07/05-08/27/12

Designated doctor evaluation 01/30/04

Impairment rating 01/21/04

Functional capacity evaluation 11/25/03

Required medical exam 02/17/04

Peer review 08/14/04

Peer review 10/26/10

Peer review 06/20/11

Laboratory report 04/27/12

Mental health evaluation 09/19/12

Prior utilization reviews 03/30/11-06/04/12

Operative report 03/01/02

MRI left knee 11/19/02

Operative report 01/31/03

MRI left knee 10/15/10

Clinical notes Dr. 01/16/02-09/10/12

Prior utilization reviews 09/06/12 and 09/27/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx. The claimant is status post

thermal shrinkage of the left anterior cruciate ligament and drilling of osteochondritis desiccans on 03/01/02. The claimant also underwent ACL reconstruction on 01/31/03. The most recent MRI of the left knee was on 10/15/10, which revealed an intact anterior cruciate ligament graft. Both the medial and lateral menisci were intact. No significant arthrofibrosis was present and the quadriceps as well as the patellar tendons were intact. The claimant continued to have chronic left knee pain despite surgical intervention and was followed by Dr.. The claimant did undergo a left knee injection on 05/26/11, which was not beneficial. The claimant was then recommended for Supartz injections in 09/11 by Dr.. Supartz injections were initiated in 03/12 and five injections were completed by 04/27/12. Clinical evaluation by Dr. on 08/23/12 stated that the claimant has had temporary improvement with Supartz injections as well as a home exercise program. Claimant continued to report significant left knee pain 8/10 on the VAS.

Physical examination revealed severe tenderness to palpation over the medial and lateral joint lines with a positive patellar apprehension test. Crepitus was present on flexion and extension. However, no instability was present. Positive McMurray's sign was noted and Lachman's was reported as negative. The claimant was recommended for a lateral release to treat chondromalacia of the patella. This request was denied on 09/06/12 as there was no documentation regarding recent MRI or CT studies and there was no evidence of significant abnormal lateral tracking of the patella. The request was again denied on 09/27/12 as there was no indication of significant patellar tilt or patellofemoral chondromalacia on the provided MRI study that would support the request.

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

The claimant has had persistent left knee pain despite multiple surgical interventions and conservative treatment to include steroid injections, use of Supartz injections, and a home exercise program. The claimant's most recent physical examination findings revealed significant medial and lateral tenderness to palpation as well as crepitus with range of motion and a positive patellar apprehension test. The clinical documentation does not contain an updated MRI or CT study of the left knee, which identifies significant lateral tracking or abnormal cue angle of the patella. The last MRI provided for review from 2010 did not identify any significant chondromalacia of the patella or lateral tracking of the patella. Given the lack of any updated imaging studies for the left knee that would reasonably support the requested surgical procedures, it is the opinion of the reviewer that the requested Outpatient Left Knee Arthroscopy, Lateral Release with assistant surgeon 29881, 29873 would not be considered medically necessary at this time.

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)