

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LT Knee Scope with Scar Adhesion Removal Post ACL Reconstruction

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report dated 11/06/12

Clinical notes dated 11/14/12 – 06/05/13

Previous utilization reviews dated 05/29/13 & 07/01/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding her left knee. The operative report dated 11/06/12 details the patient undergoing an anterior cruciate ligament reconstruction using an autograft from the hamstring at the left knee. The clinical note dated 11/14/12 details the patient presenting for a follow up after the operative repair. The patient noted that he was doing quite well following the procedure. The patient was noted to be ambulating with a brace and was initiating physical therapy at that time. The clinical note dated 12/17/12 details the patient undergoing therapy on his own. The patient's quadriceps strength was noted to be returning. The patient was able to demonstrate full range of motion at that time. The patient was recommended to return to work with lifting restrictions. The clinical note dated 01/23/13 details the patient lacking 10 degrees of extension at the affected knee. Effusion was also noted. The clinical note dated 03/20/13 details the patient lacking 20 degrees secondary to a contracture at the left knee. The clinical note dated 05/08/13 details the patient range of motion improving. The clinical note dated 05/15/13 details the patient complaining of morning stiffness. The patient was recommended for an adhesion removal at that time. The clinical note dated 06/05/13 details the patient having adhesions at the knee. The patient continued with morning pain and when rising from a seated position.

The previous utilization review dated 05/29/13 for scar removal resulted in a denial as no imaging studies were submitted regarding the patient's adhesions.

The previous utilization review dated 07/01/13 for adhesion removal resulted in a denial secondary to a lack of imaging studies confirming the patient's clinical findings.

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

The documentation submitted for review elaborates the patient having previously undergone an ACL reconstruction at the left knee. A scar adhesion removal would be indicated provided the patient meets specific criteria to include imaging studies confirming the patient's significant clinical findings. The note does detail the patient having range of motion deficits in the left knee. However, no information was submitted regarding the patient's previous imaging studies confirming the patient's pathology. Given that no information was submitted regarding the patient's imaging studies confirming the patient's pathology, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request 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)

Steadman JR, Dragoo JL, Hines SL, Briggs KK. Am J Sports Med. 2008 Sep;36(9):1763-9. doi: 10.1177/0363546508320480. Arthroscopic release for symptomatic scarring of the anterior interval of the knee.

Clifford R. Wheless III MD, Wheelles' Textbook of Orthopedics. Arthrofibrosis from ACL Injuries. 8 May 2012.