

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

08/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 29873 arthroscopy, knee; with lateral release

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical reports dated 10/24/11 – 06/25/13

MRI of the right knee dated 11/10/11

Radiology interpretation dated 01/17/12

Operative report dated 04/25/12

MRI of the right knee dated 01/14/13

MR arthrogram of the right knee dated 02/25/13

Functional capacity evaluation dated 10/10/12

Prior reviews dated 05/23/13 & 07/05/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient is noted to be status post right knee arthroscopy with evacuation of multiple loose bodies in the super compartment with synovectomy on 04/25/12. The patient did undergo an extensive amount of postoperative rehabilitation but continued to report pain in the right knee. MRI studies of the right knee completed on 01/14/13 showed a flattening of the contour of the anterior inferior aspect of the lateral femoral condyle. Hypo intensity surrounding the lateral femoral condyle was noted consistent with marrow edema. There was full thickness cartilage loss over the posterior patellar apex as well as fraying of

the patellar articular cartilage. The menisci appeared unremarkable and no ligament disruption was noted. An MR arthrogram of the right knee completed on 02/25/13 again showed focal defects in the articular cartilage over the medial femoral condyle; 1 measuring 7.5 x 6.7mm and a smaller one over the lateral patella facet. Extensive cartilage thinning and fraying of the patellar facets was noted and there was a cortical depression noted in the anterior part of the lateral femoral condyle and intercondylar region suggestive of a fracture. Again, no meniscal pathology was seen and ligaments were not disrupted. The patient continued to report persistent pain in the right knee with popping and clicking. The patient was followed. The patient is noted to have undergone a series of Subpart's injections in early 2013. A total of 5 injections were performed through 04/09/13. Follow up on 05/10/13 stated the patient did have mild relief with Subpart's injections. The patient's physical examination findings did show a 30 degree extension lag with flexion to 115 degrees in the right knee. The patient reported pain with varus and valgus stress testing and there was a mildly positive McMurray's sign. The patient was recommended for a right knee arthroscopy to include lateral release to address chondromalacia of the patella. Follow up on 06/25/13 stated the patient remained symptomatic in the right knee despite injections or use of medications. Physical examination demonstrated negative patellar apprehension signs with a normal heel angle. The tilt was equal and there was crepitus present on range of motion of the medial compartment. Range of motion continued to be restricted in the right knee.

The request for right knee arthroscopy was denied by utilization review on 05/23/13 as there was no imaging showing abnormal patellar tilt on radiographs, CT, or MRI studies. The patient also had no objective physical examination findings to include lateral tracking of the patella, positive patellar apprehension signs, or increased Q-angle.

The request was again denied by utilization review on 07/05/13 as there was no evidence of significant patellar deficit or patellar traction.

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

The patient has continued to report severe significant right knee pain despite multiple viscosupplementation injections. Imaging studies continued to show evidence of chondromalacia in the right knee. Of note, the patient's physical examination findings did not reveal any evidence of abnormal patellar tracking or increased Q angle. The patient's physical examination findings clearly showed no evidence of abnormal patellar tracking or positive patellar apprehension signs. Given the absence of any significant abnormal patellar apprehension or abnormal lateral tracking of the patella, the proposed right knee arthroscopy for lateral release would not be supported as medically necessary. In this reviewer's opinion, the clinical documentation does not address the prior reviewer's concerns and medical necessity is not established.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Knee & Leg Chapter

ODG Indications for Surgery[™] -- **Lateral retinacular release:**

Criteria for lateral retinacular release or patella tendon realignment or maquet procedure:

- 1. Conservative Care:** Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS
- 2. Subjective Clinical Findings:** Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS
- 3. Objective Clinical Findings:** Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS
- 4. Imaging Clinical Findings:** Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI.