



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 10/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of outpatient surgery for microfracture and OATS.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient surgery for microfracture and OATS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

Utilization Review Worksheets – 8/12/13, 9/10/13
Adverse Determination Letters – 8/15/13, 9/19/13

Medical Necessity Review Report – undated

Re-Submission Pre-authorization Request – 8/12/13
Reconsideration Pre-authorization Request – 9/10/13
Letter of Medical Necessity – 7/31/13

History and Physical Exam Report – 6/18/13

MRI Left Knee – 5/19/11

Initial Patient Notes – 5/12/11

Office Note – 5/12/11, 5/19/11, 6/2/11, 6/23/11, 8/11/11

Pre-Authorization Determination Letter – 5/17/11

Medical Necessity Review Report – 9/17/13

Records reviewed:

History and Physical Exam – 5/17/13, 6/6/13, 6/18/13, 8/16/13

MRI Left Knee Report – 5/20/13

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained twisting, loading injuries to the left knee. A left knee MRI dated 5/20/13 revealed a loose body and a lateral femoral condylar lesion. Ongoing complaints of pain, stiffness and swelling were noted as of 6/18/13. There was a small effusion noted, lateral joint line tenderness, lateral femoral condylar tenderness, positive Apley's compression test and crepitus. The condition was noted to have persisted despite medications, altered activities and PT. Denial letter(s) discuss the lack of significant objective abnormalities, lack of failure of detailed Physical Therapy modalities and lack of failure of less invasive operative considerations. The 7/31/13 dated appeal letter discussed multiple knee injuries with ongoing pain, giving way and lateral femoral condyle articular injury with fragmentation. This was reiterated in the clinical note dated 8/16/13.

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

The prior reported specific treatments of Physical Therapy have not been provided, nor has there been evidence of less invasive potential surgical treatments than has been proposed. Therefore, based on these clinical findings and applicable guidelines that do not support OATS (Mosaicplasty) as being a reasonable procedure as compared to ACI (when fully indicated); the requested procedure(s) are not medically necessary at this time.

ODG Knee Chapter- Indications for SurgeryTM

Microfracture: Requires all 4: 1. Conservative Care: Medication OR Physical therapy (minimum of 2 months). PLUS 2. Subjective Clinical Findings: Joint pain AND Swelling. PLUS 3. Objective Clinical Findings: Small full thickness chondral

defect on the weight bearing portion of the medial or lateral femoral condyle AND Knee is stable with intact, fully functional menisci and ligaments AND Normal knee alignment AND Normal joint space AND Ideal age 45 or younger. PLUS 4. Imaging Clinical Findings: Chondral defect on the weight-bearing portion of the medial or lateral femoral condyle on: MRI OR Arthroscopy. (Washington, 2003)

Mosaicplasty: Not recommended. A recent prospective, randomized, clinical trial has shown significant superiority of ACI over mosaicplasty for the repair of articular defects in the knee. The results for ACI are comparable with those in other studies, but those for mosaicplasty suggest that its continued use is of dubious value. (Bentley, 2003)

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

- ACOEM- AMERICAN 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)