



Notice of Independent Review Decision - WC

DATE OF REVIEW:

10/11/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Knee Arthroscopy w/Lateral Release
Surgical Assistant

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right Knee Arthroscopy w/Lateral Release – OVERTURNED
Surgical Assistant – OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Orthopedic Consultation, 09/17/12
- Right Knee MRI, Diagnostic, 10/04/12
- Physical Therapy Assessment & Plan of Care, Orthopaedic and Physical Therapy, 10/09/12, 11/08/12
- Orthopedic Report, 10/25/12, 11/29/12, 01/10/13, 02/25/13, 04/08/13, 05/09/13, 06/18/13
- Manual Muscle Strength Examination, 02/25/13

- Right Knee Arthrogram, Diagnostic, 05/13/13
- MR Arthrogram Right Knee, Diagnostic, 05/13/13
- Denial Letters, 06/19/13, 07/23/13
- Pre-Certification Request, Orthopedics, 07/15/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his right knee in a work-related injury on xx/xx/xx. He had tripped striking the inferior edge of his patella on the concrete and had immediate knee pain. An MRI showed grade I MCL Strain, lateral tilt of the patella with grade 2 chondromalacia patella and moderate effusion, and mild proximal patellar tendinopathy. Physical therapy was administered. He was also placed on anti-inflammatory medications. The patient felt physical therapy was helping significantly, so a second course of therapy was indicated. In February of 2013, a knee injection was provided. Ambien, Soma, Lorcet, and Mobic were prescribed at that time also.

As medications and physical therapy did not provide lasting improvement, recommended an arthroscopy with lateral retinacular release as well an MR arthrogram. The arthrogram showed partially discoid laberal meniscus, no apparent meniscal or major ligament tear, grade 2-3 chondromalacia patella with minimal subchondral marrow change, and small popliteal cyst. indicated that the chondromalacia patella was consistent with the described mechanism of injury and felt it was pretty clear that a direct blow to the knee would transmit forces to the patella directly and harm the cartilage behind the patella. continued to request the claimant undergo a right knee arthroscopy with lateral release.

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

The medical records document the patient having failed conservative care including medications, injection therapy and physical therapy, and ongoing complaints of persistent knee pain with physical examination findings for lateral tracking of the patella and patellar apprehension associated with MRI findings of abnormal patellar tilt. With this information, the patient does meet Official Disability Guidelines recommendations for a lateral retinacular release, and the surgical assistant is indicated due to the complexity of the procedure in line with the AAOS recommendations for assistant surgeons.

Lateral retinacular release	<p>Recommended as indicated below.</p> <p><u>ODG Indications for Surgery™ -- Lateral retinacular release:</u> Criteria for lateral retinacular release or patella tendon realignment or maquet procedure:</p> <ol style="list-style-type: none"> 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.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**