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Notice of Independent Review Decision

Date notice sent to all parties: 06/11/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee examination under anesthesia (EUA) and arthroscopy with lateral release

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 medical necessity exists for each of the health care services in dispute.

Right knee examination under anesthesia (EUA) and arthroscopy with lateral release - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient presented to the emergency room on xx/xx/xx, as she had injured her right knee three days prior. She felt a popping sensation in her knee and she was concerned, as she had two prior ACL repairs. She had pain and swelling and was scheduled for an MRI that day. The MRI that revealed an intact ACL reconstruction. There was significant edema around the MCL and the deep component appeared partially if not completely torn and there were multiplanar tears of the posterior horns of both the medial and lateral menisci. Degenerative changes were noted in the medial and lateral compartments. There was a small knee joint effusion and edema in the medial tibial plateau with subchondral cyst formation. She was kept in a knee immobilizer and referred to a physician that would accept workers' compensation. Dr. examined the patient on xxx. Her first ACL surgery was in 1986 and the second was in 1999. She stated she was walking into work and sped up her stride to get out of the way of car driving in the parking lot. She stated she felt immediate pain as if her kneecap

had dislocated and she had swelling. She then presented to the emergency room. She had mild swelling and range of motion was decreased. Therapy was not ordered at that time and she was given work restrictions. On 08/20/12, Dr. noted the patient would be having surgery in three days and had non-steroidal anti-inflammatory induced gastritis. Dr. xxxx performed right knee examination under anesthesia (EUA), arthroscopy, excision of tears of the medial and lateral menisci, and debridement and chondroplasty of the femoral groove. On 09/05/12, she used her knee immobilizer whenever ambulating, which she removed periodically to work on range of motion. She was placed on work restrictions and asked to return in four weeks to begin therapy. On 10/03/12, Dr. noted with persuasion, the patient could flex to 95 degrees, but no further. She was referred for therapy and advised to wean out of the brace. Work restrictions were continued. There was a note from Dr. on 10/16/12 stating the patient called with pain that ran down her feet and burning and swelling down into her ankle. She also requested pain medications. She was referred to the emergency room to check for blood clots. The patient presented to the emergency room on 10/17/12 for pain that radiated to her ankle and swelling and warmth to the right knee. Ultram was prescribed and a Doppler study was normal without evidence of DVT. Dr. stated on 10/24/12 that the patient was having a great deal of difficulty with therapy and she was waiting for a pain management referral. She had not improved with range of motion in therapy and had a reproducible popping. She returned to using a crutch. She could flex no further than 80 degrees with persuasion. She had a reproducible popping with extension that seemed to be from patellar tracking. Continued therapy was recommended for the lateral patellar tracking and it was noted a lateral release might be necessary. On 11/07/12, Dr. recommended continued therapy and a referral for pain management. Work restrictions were continued. Dr. noted on 11/12/12 that therapy had now been denied twice and she wanted to go through with the lateral release, as she was getting worse. Right knee EUA with lateral release and arthroscopy was recommended. On 11/19/12, M.D., for, provided a non-authorization for the requested surgical procedure. On 11/26/12, Dr. noted the patient stated she was advised she needed to return to work at full duty or she would be fired. She could flex to 100 degrees and there was a 5 degree extensor lag. She popping with extension due to patellar tracking. Norco was prescribed. On 12/03/12, M.D., also with, provided a non-authorization for the requested EUA and arthroscopy with lateral release. Dr. examined the patient on 12/06/12. Her current medications were Duexis, Lyrica, Norco, and Avapro. It was noted she

had been fired on 11/30/12. She complained of anxiety and depression. She had decreased range of motion in the right knee and neurological exam was normal. Here it was noted she was six feet one inch tall and weighed 290 pounds. The assessment was a loose body in the knee. A lumbar sympathetic plexus block on the right was recommended and therapy would be continued.

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

The patient is a female with an unclear mechanism of injury to her right knee on xx/xx/xx. Her past medical history was significant for at least three operations to that knee to include two prior ACL reconstructions. She subsequently underwent an arthroscopy with partial medial and lateral meniscectomies on 08/23/12. A right knee MRI done on 07/20/12 prior to her most recent procedure clearly documented preexisting tricompartmental degenerative joint disease of that knee as manifested by patellar spurring, severe thinning of the articular cartilage of the medial and lateral compartments, and subchondral cysts on the posterior medial tibial plateau. Severe chondromalacia of the femoral groove with chondrocalcinosis or pseudogout was documented at the time of the 08/23/12 arthroscopic examination. Dr., the operating surgeon in the record, has recommended a repeat arthroscopic examination with lateral retinacular release for an ill-defined maltracking of the patella.

The evidence based ODG indications for a lateral retinacular release are the following: 1) Conservative care, physical therapy, or medication; plus 2) Subjective clinical findings to include knee pain with sitting, or pain with patellofemoral movement, or recurrent dislocations; plus 3) Objective clinical findings to include lateral tracking of the patella, or recurrent effusion, or patellar apprehension, or synovitis with or without crepitus, or increased Q-angle greater than fifteen degrees; plus 4) Positive imaging clinical findings to include abnormal patellar tracking on x-ray, CT, or MRI (Washington 2003), (Fithian 2004), (Aderino 2002), (Naranja 1996) and (Radin 1993). Dr. xxxx denied the requested procedure on initial review on 11/19/12. His denial was upheld on reconsideration/appeal by Dr. xxxxx. Both reviewers cited the failure of the request to meet the ODG indications.

Her advanced degenerative disease is negatively impacted by her obesity and overall poor level of conditioning as documented in the physical therapy notes.

There is no evidence in the medical record that she has an abnormal patellar tilt on x-ray, CT, or MRI. She does have advanced patellofemoral arthrosis. The evidence based orthopedic scientific literature only supports a lateral retinacular release in a setting of objectively documented abnormal patellar tilt. Therefore, the requested right knee EUA and arthroscopy with lateral release is not appropriate and the previous adverse determinations should be upheld at this time.

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)**