

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/02/2013

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** outpatient left knee arthroscopy microfracture lateral release

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. Board Certified Orthopedic Surgeon

**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 health care service in dispute.** It is the opinion of this reviewer that the request for outpatient left knee arthroscopy microfracture lateral release is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Therapy notes dated 05/30/12 – 07/02/12

Radiograph studies dated 07/16/10

Clinical notes dated 07/06/10 – 05/10/13

MRI of the left knee dated 07/27/12

Peer review dated 04/26/13

Previous utilization reviews dated 04/12/13 & 05/14/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who reported an injury regarding her left knee. The clinical note dated 07/16/10 details the patient complaining of left knee pain that was rated as 5-7/10. The patient was also noted to have left foot pain as well. The x-rays of the left foot revealed irregularities along the lateral aspect of the 2nd metatarsal base. The physical therapy note dated 07/02/12 details the patient having completed 8 physical therapy sessions to date. Clinical note dated 07/10/12 details the patient continuing with left knee pain. Upon exam, swelling and tenderness were noted at the left knee. The patient was noted to have an equivocal McMurray's sign reproducing lateral joint line tenderness. The patient was able to demonstrate good range of motion. The MRI of the left knee dated 07/27/12 revealed soft tissue edema within the lateral and front patella fat pad. This was noted to be suggestive of a lateral patella femoral tracking disorder. A partial thickness cartilage loss was noted at the subchondral marrow edema along the lateral patella facet. Cartilaginous fissuring was noted along the posterior aspect of the medial femoral condyle. The clinical note dated 08/07/12 details the patient continuing with left knee pain with associated swelling. The patient was recommended to return to work. The clinical note dated 10/03/12 details the patient stating that the knee felt better. The patient was noted to continue with complaints of pain as well as swelling on an occasional basis. The

clinical note dated 01/22/13 details the patient presenting for a follow up regarding the left knee. Upon exam, diffused swelling was noted at the anterior lateral aspect of the left knee. The clinical note dated 02/22/13 details the patient continuing with moderate levels of left knee pain. The note does detail the patient having undergone an injection. The clinical note dated 04/05/13 details the patient continuing with left knee pain. The patient was able to demonstrate 10 to 135 degrees of range of motion at that time. Peer review dated 04/26/13 detailed the patient stating that the initial injury occurred when she had a fall. Clinical note dated 05/10/13 detailed the patient stating that she was having difficulty with stairs. The patient completed a course of 12 physical therapy sessions and previous injections. Previous utilization review dated 04/12/13 for arthroscopic microfracture lateral release resulted in a denial as the patient had partial thickness cartilage loss at the subchondral marrow along the lateral patellar facet in the cartilaginous fissuring along the posterior aspect of the medial femoral condyle. No information was submitted regarding stability or instability at that time. Utilization review dated 05/14/13 resulted in denial secondary to no significant findings indicating chondral defect on the weight bearing portion to the medial and lateral femoral condyle.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Clinical documentation submitted for review notes the patient complaining of ongoing left knee pain with associated range of motion deficits. Official Disability Guidelines recommend microfracture lateral release provided that the patient meets specific criteria, including imaging studies confirming chondral defect on the weight bearing portion of the medial or lateral femoral condyle. No information was submitted regarding significant findings involving the medial or lateral femoral condyle weight bearing portion. Given this the request is not indicated. As such, it is the opinion of this reviewer that the request for outpatient left knee arthroscopy microfracture lateral release is not recommended as medically necessary.

**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)