

Notice of Independent Review Decision

DATE OF REVIEW: 05/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Knee Partial Patella Excision 27350

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Left Knee Partial Patella Excision 27350 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 05/06/13
- Notification of Adverse Determination – 04/10/13
- Notification of Reconsideration Determination – 04/23/13
- Pre-Authorization request – 04/06/13, 04/11/13
- Patient demographic information – 04/04/13

- Report of MRI of the left knee – 03/29/13
- Office Visit Notes – 04/04/13
- Physical Therapy Notes – 01/08/13 to 02/21/13
- Operative Report – 10/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker suffered a direct blow injury to the left patella in a fall on xx/xx/xx. He underwent a partial patellectomy on 10/10/12. At that surgery, a non-united fragment was excised. He has continued to suffer parapateller pain. An MRI scan on 03/29/13 revealed a small non-displaced medial aspect fragment with adjacent patellar tendonitis and posterior horn medial meniscus tear. Tenderness is documented to occur on the lateral aspect of the patella. Range of motion of the left knee is measured at 0-100 degrees. The current request is for preauthorization of an excision of the medial aspect patella fragment.

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

This patient's primary symptom is persistent pain in the left knee. He has tenderness on the lateral aspect of the patella. The non-displaced patella fragment is medial. No effort has been made to identify the source and specific site of the patient's pain. He has already undergone a surgical procedure removing a lateral aspect non-united patella fragment without benefit. The medical necessity for surgical removal of a medial aspect fragment of patella has not been established.

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)

Campbell's Operative Orthopedics and the online version of Wheeless Textbook of Orthopedics.