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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/01/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left knee arthroscopy with subchondral drilling

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified 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 health care service in dispute. It is the opinion of this reviewer that medical necessity for the requested left knee arthroscopy with subchondral drilling is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when she fell injuring her left knee. The patient was status post left knee arthroscopy with chondral debridement and synovectomy on 05/17/13. Post-operatively the patient attended an extensive amount of physical therapy. The patient also received injections including viscosupplementation a series of three in 2014. Despite injections and physical therapy the patient continued to have difficulty with gait involving the left knee with associated weakness. Medications included anti-inflammatories. followed the patient in 2014 and previously recommended OATS procedure however this was denied as subchondral drilling had not yet been tried. MRI of the left knee from 11/06/13 noted grade 3 signal in the trochlear cartilage and grade 4 signal in the patellofemoral complex consistent with full thickness chondromalacia mostly involving the lateral facet. There was lesser grade three chondromalacia in the medial patellar facet. Clinical evaluation on 08/20/14 did not provide any specific physical examination findings. The patient was recommended for standard subchondral drilling. The patient was seen on 10/27/14 for second opinion. The patient described continuing complaints of left knee pain despite conservative treatment including multiple injections and physical therapy. Physical examination noted a positive Lachman sign with soft endpoint. Pain to palpation of the patellofemoral joint was present. Radiographs reportedly showed compartmental space narrowing in all three compartments of the left knee more than 50%. Clinical evaluation considered further real ACL reconstruction but did not discuss indications for subchondral drilling. The requested knee arthroscopy with subchondral drilling was denied on 09/30/14 as there was no evidence of true chondral defect in the weight bearing portion of the left knee. The requested subchondral drilling through the left knee was denied on 10/15/14 as there was no documented chondral defect in weight bearing portion of the medial or lateral femoral condyle by imaging. There was only evidence of chondromalacia and patella without true chondral defect.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient was followed for chronic complaints of left knee pain following initial debridement and synovectomy procedure in March or May of 2013. Although the patient continued to have symptoms despite conservative treatment including physical therapy injections and medications the last MRI available for review which is now more than one year old identified chondromalacia within the patellofemoral compartments only. There was no evidence of a true chondral defect in the weight bearing surfaces of the left knee. Further radiograph analysis showed multicompartamental joint space narrowing consistent with moderate to severe osteoarthritis. At this time given the osteoarthritic conditions in the left knee it is unclear how subchondral drilling would reasonably improve overall level of functioning. It also appears the patient was being considered for other surgical interventions including ACL repair. Given the lack of any true chondral defect on MRI and the evidence of significant multicompartamental osteoarthritis it is the opinion of this reviewer that medical necessity for the requested left knee arthroscopy with subchondral drilling is not established and the prior denials are upheld.

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 KNOWLEDGBASE

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)