



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 10/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee quadriceps tendon repair.

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

Texas State Licensed 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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

was noted to have a history of a hyperflexion injury of the knee. The records from the treating provider were reviewed. It was noted that the meniscal issues have "resolved" and that the symptoms have "improved without the need of any surgical intervention." It was noted that the claimant previously had been noted to have the quad mechanism "found to be intact." "The patient reports that he was walking up stairs when he noticed a pop and a defect at the superior pole of the patella." Exam findings revealed strength 5-/5 "and likely limited from pain." Difficulty going downstairs and upstairs and complaints of the knee buckling and giving out were discussed. An MRI was considered appropriate by the treating provider.

The MRI right knee from 07/03/2014 was compared by the radiologist at a prior MRI from September 2013. There was a re-demonstration of the knee effusion and intact cruciates and collateral ligaments along with chondromalacia and patellofemoral osteoarthritis and a minor degenerative signal in the lateral meniscus and degenerative signal in the medial meniscus with element of grade 3 tear that appeared "stable." Essentially, there was "no change since the previous examination." The follow-up notes with the treating provider discussed the "relatively weak quad mechanism and function" on 07/08/2014. "He is requesting surgical repair" being noted. The quad strength was 5-/5.



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The denial letters discussed the lack of a full-thickness quadriceps tear in addition to the lack of documentation of therapy and/or bracing along with the claimant's strength being at least 5-/5 and an unchanged MRI from prior.

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

The documentation indeed does not document a recent and extensive trial and failure of reasonable treatments such as a course of physical therapy and bracing. With the claimant's motor power being maintained and no significant quadriceps defect noted on MRI including repeat, the applicable clinical ODG guidelines referenced would not at this time support the right knee quadriceps tendon repair consideration as being medically reasonable or necessary, based on the reference guidelines.

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)