

Vanguard MedReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: January 20, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Right Knee Scope with Chondro Resurfacing

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

This physician is Board Certified in Orthopedic Surgery with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

02/25/13: Evaluation Report
03/12/13: Operative Report
03/15/13: Follow Up Report
04/15/13: Follow Up Report
05/13/13: Follow Up Report
06/09/13: Follow Up Report
06/29/13: General Examination
07/23/13: Treatment Progress Report
08/03/13: General Examination
08/14/13: MRI Right Knee Without and With Contrast
08/19/13: Follow Up Report
09/05/13: Designated Doctor Evaluation
09/10/13: Physical Therapy Assessment
10/15/13: Clinical Encounter Summaries
11/14/13: Surgery Authorization Request

11/19/13: UR performed

12/19/13: UR

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx in a fall while playing soccer with clients. The claimant was initially evaluation and diagnosed with a dislocation of the patella, closed.

02/25/13: Evaluation Report. It was reported the claimant had been treated conservatively for the last three and a half months with no improvement in his complaints of pain and still with no ability to walk without the assistance of crutches. An MRI was done on his right knee on 11/27/12 while under the care of, which revealed subluxation of the patella laterally with evidence of nondisplaced osteochondral fracture of the patella. **Current Medications:** Ultram, Lyrica, Flexeril.

Objective: Examination of his right knee reveals no significant swelling with moderate quadriceps atrophy. He is tender over the patellar tendon at the tibial tubercle and just above the tibial tubercle and tender along the medial edge of the patella. There is no medial patellar retinacular ligament appreciated and he is easily subluxed laterally and in fact would be easily dislocated. He has a negative Lachman, a negative drawer with no varus or valgus laxity at 0 to 30 degrees. The patella is sitting laterally. He has no joint line tenderness and does have some mild pain on patellofemoral compression. He has an increased Q angle with some mild genu varus deformity of both knees, right greater than left. He has intact extension of the knee against resistance but is unable to fully extend the knee with a 15 to 20 degree extension lag. **Impression:** 1. Lateral dislocation right patella with osteochondral patella fracture. 2. Disruption medial patellofemoral retinacular ligament. 3. Partial tear patellar tendon. **Plan:** Stop therapy. Recommend surgery for repair/reconstruction of his right medial patellofemoral retinacular ligament and his VMO with a repair/advancement.

03/12/13: Operative Report. **Postoperative Diagnosis:** 1. Right patellar dislocation with patellar chondral fractures. 2. Loose body, right knee. 3. Torn right medial patellofemoral retinacular ligament. **Operations Performed:** 1. Reconstruction of right medial patellofemoral retinacular ligament. 2. Vastus medialis obliquus advancement, Madigan procedure. 3. Removal of loose body, right knee. 4. Arthroscopic chondroplasty, right patella.

05/13/13: Follow Up Report. It was reported he had been in physical therapy for a little over 2 weeks working on ROM and is now working on strengthening.

Objective: ROM is passively 0-90 degrees although actively he falls 5 degrees short of full extension against gravity. There is no varus or valgus laxity. He has significant atrophy of the quadriceps particularly the VMO. There is no tendency toward lateral subluxation of the patella. **Plan:** Extensive therapy, prescription for a cane, and a knee brace when ambulating. Hydrocodone and Ibuprofen 800 mg was refilled.

08/14/13: MRI Right Knee Without and With Contrast. Impression: 1. Prior medial retinacular surgery, with retinacula appearing attenuated with slight increased signal with post-contrast enhancement. Additionally, there is slight lateral patellar subluxation. Would correlate for any tracking abnormality. 2. Tenosynovitis of the quadriceps tendon at its tendon.

08/19/13: Follow Up Report who reported he continues to be in therapy and continues to improved, although he still has significant weakness of the quadriceps and has a lot of patellofemoral crepitation. **Objective:** His ROM is 0 to 120 degrees. No varus nor valgus laxity. He still has significant quadriceps atrophy. **Assessment:** 1. Status post reconstruction of the right medial patellofemoral retinacular ligament. 2. VMO advancement, right knee. 3. Arthroscopic patellar Chondroplasty, right knee. 4. Arthroscopic removal of loose body, right knee. **Plan:** Continue with therapy and refer for evaluation to consider whether he needs further treatment in the form of an arthroscopic Chondroplasty and lateral retinacular release.

10/15/13: Clinical Encounter Summaries. **HPI:** His pain is worse with extension of the leg or going up or down inclines. He has all anterior pain. He does have occasional swelling. He gets frequent popping and catching, which is symptomatic. He has been recommended to have a chondral resurfacing He is here for a second opinion. **Physical Exam:** He has some mild-to-moderate soft tissue swelling of the right knee. He has some tenderness to palpation along the medial and lateral patellar facet on the right knee. ROM is 0-135 degrees. There is palpable crepitus of the patellofemoral joint when going from a flexed to extended position. This does reproduce pain and discomfort. Anterior Drawer, Anterior Lachman, Posterior Drawer, Varus Laxity, Valgus Laxity were all Grade 0. Strength was 5/5 of Quads and Hamstrings. X-rays: Five views were obtained and showed no acute fractures or dislocations, joint spaces were well maintained. **Assessment:** 1. Closed traumatic dislocation of patellofemoral joint. 2. Chondromalacia. **Plan:** opined that the chondromalacia is not degenerative, that this is a male who had a traumatic chondral defect that was sustained at the time of patellar dislocation. recommended a chondral resurfacing of the patella.

11/19/13: UR performed. Rationale for Denial: Official Disability Guidelines Recommend either autologous Chondral implantation or an OATS procedure for patients who failed to improve with surgical intervention such as microfracture drilling or ablation and notes that lavage or debridement are not considered adequate to meet the criterion, with a focal articular defect down to but not through the subchondral bone on the load bearing surface of the femoral condyle, not in the patella, and single clinically significant lesion that measures between 1 to 10 square cm in area that affects a weight bearing surface. Osteochondral autograft transfer procedure is recommend after failure of previous subchondral drilling or microfracture when there is a large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on a weightbearing portion of the medial or lateral femoral condyle when the knee is stable with intact fully functional menisci and ligaments, there is normal knee alignment and normal joint space, and when the patient's body mass index is less than 35 and imaging

studies note a chondral defect on the weightbearing surface of the medial or lateral femoral condyle. The patient is not noted to have findings on MRI of a chondral defect of the medial or femoral weightbearing condyles at the weightbearing portion. He is not noted to have normal knee alignment. He is not reported to have undergone a subchondral drilling or microfracture as on the previous surgery a chondroplasty was performed. As such, the request for a chondral resurfacing does not meet guideline recommendations.

12/19/13: UR. Rationale for Denial: The additional documentation provided for review for the appeal process was the notification of non-certification, as stated in the Clinical Summary. No other medical documentation was noted to have been provided. The previous non-certification is supported. The guidelines indicate that OATS procedure chondral resurfacing is indicated after failure of previous subchondral drilling or microfracture for large full-thickness chondral defects on the weightbearing portions of the medial or lateral femoral condyle, when the knee is stable with fully functional menisci and ligaments, when there is normal knee alignment, and when there is normal joint space. The medical documentation provided for review notes that the claimant had a dislocated patella and a patellar chondroplasty at the right knee as stated in the Clinical Summary. There is no documentation of any chondral defect in the weightbearing portions of the medial or lateral femoral condyle as required by the guidelines. Based upon the medical documentation provided for review and the peer-reviewed evidence-based guidelines, the appeal request for an outpatient right knee arthroscopy with chondral resurfacing is not certified.

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

Previous adverse determinations are upheld. As noted by previous reviewers, chondral resurfacing (oats procedures, or chondral cartilage implants) are only indicated for chondral defects of femoral or tibial defects, and after failure of other procedures. Patellar defects should first have chondral fracture or drilling procedures if conservative care such as quadriceps rehab and chondral debridement fail. As there is no documentation of any chondral defect, the request for OP Right Knee Scope with Chondro Resurfacing is not medically necessary at this time.

PER ODG:

ODG Indications for Surgery™ -- Osteochondral autograft transplant system (OATS):

Criteria for osteochondral autograph transfer system [OATS] procedure:

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
- 3. Objective Clinical Findings:** Failure of previous subchondral drilling or microfracture: Large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle. AND Knee is stable with intact, fully functional menisci and ligaments. AND Normal knee alignment. AND Normal joint space. AND Body mass index of less than 35. PLUS
- 4. Imaging Clinical Findings:** Chondral defect on the weight-bearing portion of the medial or lateral femoral condyle on: MRI. OR Arthroscopy.

([Washington, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

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)**