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Notice of Independent Review Decision

[Date notice sent to all parties]:

01/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 left knee arthroscopy with osteochondral autograft transfer system (OATS) and synovectomy between 11/18/2013 and 1/17/14

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

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:

Operative report dated 04/24/12
Operative report dated 09/11/12
Independent medical evaluation dated 05/24/13
Prior utilization review reports dated 10/23/13 & 11/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell striking the left knee on the corner of a shower tub. The patient is noted to be status post left knee arthroscopy with ACL reconstruction, chondroplasty, and partial medial meniscectomy performed on 04/24/12. The patient underwent a repeat left knee arthroscopy with a major synovectomy, microfracture of the medial femoral condyle, and a loose body excision on 09/11/12. There was a designated doctor evaluation completed on 05/24/13. The patient reported a 15% improvement with the surgical procedures to date. No specific physical examination findings were noted and the report appeared to be incomplete.

The requested left knee arthroscopy to include an osteochondral autograft transfer system and synovectomy was denied by utilization review on 10/23/13 as there was no documentation regarding appropriate conservative treatment to include medications or a home exercise program. There were no MRI studies identifying large full thickness chondral defects which would meet guideline

recommendations regarding the request.

The request was again denied by utilization review on 11/22/13 as there was no documentation regarding exhaustion of recent conservative treatment.

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

The patient has been followed for complaints of left knee pain. There were noted multiple surgical procedures for the left knee in 2012 with the most recent procedures including microfracture of the medial femoral condyle. No postoperative MRI studies of the left knee were available for review discussing the extent of pathology remaining in the left knee. There was also no documentation regarding recent conservative treatment or a recent physical examination. Given the paucity of clinical information available to support the surgical request, it is this reviewer's opinion that medical necessity is not established..

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Knee & Leg Chapter

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](#))