



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 06/09/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Knee range of motion device times 10 months

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

Board Certified in 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 of the health care services in dispute.

Knee range of motion device times 10 months - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on 12/06/13. He was injured on xx/xx/xx. He had sharp, shooting pain in the lateral aspect of the right knee. He had swelling and pain.

He had Grade III effusion and tenderness of the lateral joint line on examination, as well as the lateral knee diffusely and the lateral tibial plateau. Flexion was 110 degrees and extension was 3 degrees. Strength was 4/5. Lateral McMurray's was positive, but medial McMurray's was negative. Lachman's was negative. X-rays of the right knee showed normal alignment without fracture. There was mild marginal osteophyte formation and a small joint effusion. The assessment was internal derangement of the lateral meniscus of the right knee. An MRI was performed on 12/09/13. It revealed a mild sprain of the ACL, as well as the proximal fibers of the MCL and fibular collateral ligament without evidence of a full thickness tear. There was diffuse high grade cartilage loss to the lateral patellofemoral cartilage with mild associated subchondral cystic change. There was a small to moderate joint effusion with no discrete loose bodies. On 12/10/13 reviewed the MRI. It was noted the patient was 276 pounds. Examination was unchanged and the assessments were a right knee sprain and internal derangement of the lateral meniscus. A knee brace was recommended, as well as therapy. The patient attended therapy on 12/27/13, 12/30/13, 12/31/13, 01/07/14, 01/09/14, and 01/10/14. In an updated dated 01/02/14, P.T. noted the patient was making excellent effort, but was limited due to increased pain. An additional nine sessions were recommended. The patient returned on 01/06/14. He had improved pain overall, but had pain in the lateral knee that was sharp with knee flexion. He denied catching, locking, weakness, and numbness. A Cortisone injection was performed at that time. On 01/22/14, the patient noted he had attended 12 sessions of therapy. He continued with pain in the knee despite the previous injection. Examination was essentially unchanged, except strength had improved to 5/5. Over-the-counter non-steroidal anti-inflammatories were recommended and he was referred. On 02/04/14 examined the patient. He had no effusion in the right knee and the ligaments were noted to be stable. He had lateral patellofemoral joint tenderness and crepitus with range of motion. He recommended surgery to include arthroscopy, possible partial lateral meniscectomy, possible chondroplasty, and possible lateral release. The patient wished to proceed. On 02/10/14, A Certificate of Medical Necessity was provided for a right knee range of motion device. performed right knee arthroscopy, chondroplasty, and lateral release on 02/21/14. The postoperative diagnosis was right knee patellofemoral chondromalacia. On 02/27/14, the patient was six days status post surgery and was doing well. He would be fitted for his extension brace that day and Euflexxa would be started for the next two weeks. The first injection was done that day. On 03/05/14 provided an order for 10 months use of a knee range of motion device. The patient attended therapy on 03/04/14, 03/07/14, 03/11/14, 03/13/14, 03/17/14, and 03/20/14. Another Euflexxa injection was performed on 03/06/14. On 03/12/14 provided an adverse determination for the requested knee range of motion device. performed the third Euflexxa injection on 03/13/14. On 03/19/14, Ms. addressed an appeal regarding the denial for the range of motion device. It was noted the patient received the device on 02/27/14 and on 03/11/14, the patient stated he was making good progress with the device. On 04/18/14 provided another adverse determination for the requested knee range of motion device. On 04/28/14, the patient returned. He was two months status post right knee arthroscopy, chondroplasty, and lateral release. The

patient did not think he was ready to return to work. He had full extension of the knee. An impairment rating was recommended at that time. On 05/16/14 provided another appeal. She noted the device was a bi-directional static progressive stretch knee device to help increase range of motion. A product description of the device was reviewed.

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

The patient is a male, with a body mass index greater than 38, who was reported to have sustained a work related injury on xx/xx/xx. The mechanism of injury was a twisting when he developed pain to the lateral aspect of the knee. performed a right knee arthroscopy with chondroplasty and lateral release on 02/21/14. It should be noted that the device was initially ordered on 02/10/14 for unclear reasons, prior to the surgical procedure being performed. The patient, postoperatively, underwent physical therapy and Euflexxa injections times three. It was documented in the medical record that range of motion on 03/20/14 was -2 degrees to 139 degrees. Subsequent measurements have documented 0 to 110+ degrees. reviewed the request on initial review on 03/12/14 and denied the request. an orthopedic surgeon, then upheld the denial on reconsideration on 04/18/14. Both reviewers attempted peer-to-peer on at least two separate occasions without success. Both physicians cited the evidence based ODG as criteria for their opinions.

The medical documentation does not support the requested (JAS) knee range of motion device for a total of ten months. The patient has range of motion that does not support the use of a bi-directional static progressive stretched knee device. In addition, there is no evidence to support the use of the device instead of an eventual transition and compliance to a home exercise program. The evidence based ODG would support the use of a similar device for no longer than 17 days, at most, generally in the setting of revision knee arthroplasty for postoperative stiffness and loss of joint range of motion, following an ACL reconstruction, or an open reduction and internal fixation of a tibial plateau or distal femur fractures involving the knee joint. These situations do not apply to this patient, as he underwent a simple arthroscopic procedure and the objective documentation reviewed does not support the request. Therefore, the requested knee range of motion device times ten months is not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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)