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Notice of Independent Review Decision

[Date notice sent to all parties]:

05/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient surgery.

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:

X 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who was seen on xx/xx/xx. He stated xxx weeks prior to this presentation he was stepping out of a tub and he had his left knee pop. Since that time, he had had recurrent popping to the knee with pain anterolaterally. He felt his knee was unstable and he had the feeling

that it hyperextended. He denied previous knee complaints. On examination, his range of motion of his knee was fairly well. He had no effusion. He was tender along his anterior medial joint line and had a little crepitus in the patellofemoral joint but was stable to a Lachman test. He did not have a pivot shift and his hip ranges of motion were normal. X-rays of his knee looked unremarkable. On 10/01/2013, MRI of the left knee was obtained revealing no clear internal derangement; there was mild strain in the lateral head of the gastrocnemius and there was mild prepatellar bursitis and moderate proximal patellar tendinopathy as read. On 10/04/2013, this claimant returned, and upon examination of the MRI it was noted his anterior horn of the lateral meniscus looked a little odd. It was noted that his projected return to work date was 10/04/2013.

On 10/11/2013, the patient returned, and stated his knee was still problematic. He reported a couple of episodes where it had actually made him almost want to fall and he had an obvious click on exam when he extended his left knee all the way. He also had pain right over the anterolateral aspect of his knee. The MRI was reviewed with the radiologist and it was stated it was not indicative of any marked internal derangement. Surgery was proposed at the time with arthroscopy and possible arthrotomy. On 10/11/2013, he was able to return to work full duty.

On 10/17/2013, Peer review, noted that the extent of the injury was limited to a mild gastrocnemius strain, mild prepatellar bursitis, and moderate proximal patellar tendinopathy.

On 10/22/2013, Letter, requested outpatient physical therapy. On 10/30/2013, a prescription for outpatient physical therapy was written.

On 11/05/2013, Notice of Disputed Issues and Refusal to Pay Benefits Form submitted indicated the carrier was disputing entitlement of benefits beyond a mild gastrocnemius strain, mild prepatellar bursitis, and moderate proximal patellar tendinopathy as carrier specifically disputed pre-existing ganglion cyst.

On 02/21/2014, this claimant returned, and stated his knee was still problematic and was very uncomfortable at the end of day. He reported it popped on him at times and he had no marked mechanical complaints. When he extended his knee all the way, he had very loud audible pop anterolaterally to his knee. He had no effusion at that time and was stable to stress. On unstated date, demographic sheet was submitted by Medicine Center. On 02/21/2014, a Work Status Report noted that he was able to return to work full duty.

On 03/07/2014, Utilization Review Determination for the requested outpatient surgery was non-certified. On 03/24/2014, letter submitted, noted that the claimant had an MRI which showed no clear internal derangement and for that reason he was treated conservatively for an extended period of time and 6 months later, he continued to have discomfort. In light of his most recent exams, with a very large palpable and audible pop in his knee with extension maneuver anterolaterally, it was noted he has some sort of internal derangement that did not appear on MRI.

On 04/03/2014, Utilization Review Determination non-certified the request for outpatient surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The original determination dated 03/07/2014 noted that records did not document an appropriate course of conservative treatment prior to considering surgical treatment and on review the unremarkable MRI was noted and diagnostic arthroscopy was recommended. Lacking documentation of appropriate conservative treatment, the left knee arthroscopy diagnostic and possible therapeutic was not considered medically necessary. On 04/03/2014, Utilization Review Determination also stated the requested service was not medically necessary stating that per ODG, there should be documentation of conservative care such as medications or physical therapy plus clinical findings with pain and functional limitations continuing despite conservative treatment plus imaging findings that are inconclusive. Therefore, the request for left knee arthroscopy diagnostic and possible therapeutic was considered not medically necessary. The submitted records provided for this review indicate that the patient's MRI demonstrates the ACL and posterior cruciate ligament were intact; the medial collateral ligament and lateral collateral ligament complex were intact. He had a moderate proximal patella tendinopathy and there was mild prepatellar bursitis and patella retinacula were intact. It was noted the medial and lateral menisci appeared intact and there only trace joint fluid. There were no clear focal defects medially or laterally to the articular cartilage but there was thought there may be a partial thickness fissure along the median ridge of the patella versus artifact. There was also some mild muscular edema within the lateral head of the gastrocnemius proximally suggesting a minimal sprain. The submitted records indicate that a prescription for physical therapy was written on 10/30/2013 but no physical therapy notes were provided for this review. ODG indications for diagnostic arthroscopy include prior use of medications or physical therapy. The 10/04/2013 progress note did not indicate there were any medications provided for this patient and the 02/21/2014 progress note also did not note that there were any medications given to this patient. Therefore, there was no significant conservative care provided to this patient prior to requesting the surgery. Additionally, between the progress note of 10/11/2013 and 02/21/2014, there was a significant gap. This would indicate that the left knee was not so uncomfortable that he sought medical care. Therefore, the previous determinations are upheld at this time his outpatient surgery is not considered medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

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

XODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Indications for Surgery -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS
3. Imaging Clinical Findings: Imaging is inconclusive.

(Washington, 2003) (Lee, 2004)

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