

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

October 10, 2014, Amended October 21, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee diagnostic arthroscopy with Platelet-Rich Plasma Injection between 8/26/2014 and 10/27/2014; Surgical Assistant between 8/26/2014 and 10/27/2014.

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

This physician is a board certified Orthopedic Surgeon with over 42 years of experience.

REVIEW OUTCOME:

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

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured.

04/26/2012: Operative Report. **Postoperative Diagnosis:** Left knee torn medial and lateral meniscus with torn anterior cruciate ligament, reconstruction of anterior cruciate ligament with anterior tibialis tendon allograft and Biomet EZ-LOK system, and bone marrow aspiration for cell application.

01/18/2013: Operative Report. **Postoperative Diagnosis:** 1. Left knee patellofemoral chondromalacia 2. Lateral patellar subluxation syndrome. **Procedures:** 1. Left knee arthroscopy with patellar chondroplasty. 2. Lateral patellar release. 3. Bone marrow aspiration for stem cell preparation and application.

05/22/2013: Office Visit. **HPI:** On xx/xx/xx, He felt a pop in his knee. He was subsequently seen and evaluated. He reports performed two surgeries on his left knee, the first being in April of 2012 and the second being in January of 2013. reports that the surgeries did not result in complete relief of his pain. The last time he saw was in February of 2013. Today he describes his pain as shooting, tingling, hot, sore, sharp and constant. **Medications:** Current medications include Meloxicam and Hydrocodone. states he does not find the Meloxicam to be helpful. **Physical Examination:** He enters today with an antalgic gait, wearing a brace over the left knee. Well healed arthroscopic entry points are noted over the knee. Palpation of the medial and lateral joint lines does not reveal any tenderness. Palpation of the patella and patois ligaments show tenderness in the middle. **Plan:** In discussion, he indicates that no further surgery is planned and he has been denied further physical therapy. Consequently, I have advised him that the next step is to get him into a chronic pain program. He remains unable to work because of the pain and continues to take relatively high levels of medications. He is in agreement. Prescriptions: 1. Norco 10/325 #120 to be taken 1 q 6 h per pain with 2 refills. 2. Celebrex 200 mg #30 to be taken 1 q d with 2 refills.

08/19/2013: Office Visit. **Subjective:** 1. Lt Knee injury **Examination:** Radiology: MRI possible medial meniscal tear, postop changes vs new tear. Left Knee: Trace effusion, diffuse soft tissue swelling. Palpation: medial joint line tenderness present, lateral joint line tenderness present. ROM: limited due to pain. Ligamentous Laxity (POS): 1+ Lachman's test, 1+ ant drawer test. **Assessment:** 1. Sprain of knee NOS **Plan:** 1. Sprain of knee NOS recommend MR Arthrogram to further evaluate meniscus. Follow up in 4 weeks.

09/16/2013: Office Visit. **Subjective:** 1. F/U Lt knee injury S/P multiple surgeries. **HPI:** Follows up for results of MR Arthrogram of left knee. States he continues to have pain on inside of knee. Pain 6/10. Surgical History: Left ACL- 2002, Left ACL & Meniscal Scope 01/2012, Left Lateral release & Cartilage 01/2013. **Radiology:** 8/30/2013 MR Arthrogram-No re-tears appreciated. Left Knee inspection: Slight limp, wearing functional ACL Brace, trace effusion. Palpation: diffuse medial tenderness present of proximal labial region. ROM: painful, hamstring tightness present. **Assessment:** 1. Sprain of knee NOS **Plan:** Reviewed and discussed MR Arthrogram findings with patient and recommend more physical therapy and consider cortisone injection later if needed.

01/08/2014: Physical Therapy follow up note: post 10 day visits. **Assessment:** Pt progressed well while undertaking the work hardening program improving left knee AROM to 0 deg. Into ext. and 110 deg. Into flex compared to -20 deg. Ext. and 88 deg. Flex from initial assessment, increased walking distance tolerance to x20 mins. Nonstop at 0 grade and 3 mph speed, and improving strength to 4-out of 5 manual muscle testing (MMT) from 2 out of 5 from initial assessment in which pt has improved functional activities tolerance has demo. by the follow up FCE improving scores with kneeling, stooping, crouching/squatting/reach protocol. At this point, pt has met all stated goals PT goals after 10 days of work hardening.

05/22/2014: MRI of the left arthrogram with contrast. **Impression:** 1. Interval development of high-grade cartilage fissuring in the trochlea. Stable moderate cartilage thinning in the medial compartment. Superficial cartilage fibrillation along the patella. 2. Previous partial medial meniscectomy. No re-tear. 3. Previous ACL reconstruction and possible PCI repair. No re-tear of the ligaments.

06/02/2014: Office Visit. **HPI:** Patient follows up for MR Arthrogram results. He continues with pain, locking, give out. **Examination:** Left Knee: Inspection: Antalgic gait, moderate effusion, diffuse soft tissue swelling. Palpation: Medial joint line tenderness present, lateral joint line tenderness present, positive McMurray, + patella-femoral grind test. ROM: limited due to pain, active (in degrees): 0-100. **Assessment:** 1. Sprain of knee NOS 2. Current tear of medial cartilage or meniscus of knee. **Plan:** 1. Will proceed with cortisone injection today and see patient in 4 weeks.

07/14/2014: Office Visit. **HPI:** Completed 80 hours of WH that helped somewhat. Had cortisone injection @ 3 weeks that helped for a few days but wore off. Continues with pain, locking and give out. **Examination:** Left Knee: Inspection: Antalgic gait, moderate effusion, diffuse soft tissue swelling. Palpation: Medial joint line tenderness present, lateral joint line tenderness present, positive McMurray, + patella-femoral grind test. ROM: painful, active (in degrees) 0-110. **Plan:** 1. Sprain of knee NOS Notes: Patient has failed conservative measures of NSAIDs pain meds, PT, Work Hardening x 80 hours and intra-articular steroid injection and yet continues with increased pain, swelling, locking, give away and instability. MR Arthrogram Left Knee reveals interval development of high-grade cartilage fissuring in the trochlea. Stable moderate cartilage thinning in medial compartment. Superficial fibrillation along the patella.

08/15/2014: UR. **Rationale for Denial:** The claimant is a male, who was injured on xx/xx/xx. The claimant was diagnosed with a sprain of the knee. An anterior cruciate ligament reconstruction was performed on April 26, 2012 as well as a left knee arthroscopy, chondroplasty, and lateral patellar release with bone marrow aspiration and stem cell preparation application on January 18, 2013. An MR arthrogram of the left knee on May 22, 2014 documented interval development of high-grade cartilage fissuring in the trochlea with stable moderate cartilage thinning in the medial compartment and superficial cartilage fibrillation along the patella. A partial meniscectomy was noted with no clear evidence of a re-tear. A prior anterior cruciate ligament reconstruction was documented with no re-tear. An evaluation on July 14, 2014 documented persistent pain. There was some improvement noted with prior corticosteroid injections. Symptoms of pain, locking, and give-way were noted. There were 80 hours of work hardening. The BMI was 29.68. A positive McMurray's with medial and lateral joint line tenderness and positive patellofemoral grind testing was noted. Painful ROM of 0-110 degrees was present with a sprain of the knee and tear of the medial cartilage of the meniscus. Medications included Celebrex and Norco. The claimant has had two prior surgeries with some improvement noted n work hardening and with oral medications and a trial of corticosteroid injection. There was no significant functional limitation documented on physical examination to support the need for

a third surgical procedure. The guidelines do not routinely support platelet rich plasma injections as they are under study. There is no objective documentation supporting benefit for knee pain. The request for a left knee diagnostic arthroscopy with platelet rich plasma injection and a surgical assistant is not certified. I discussed the case. There was no added clinical information given at this time. Guideline criteria not met.

08/20/2014: Office Visit. **HPI:** Patient continues with left knee pain, locking and give out. Pending authorization for surgery but having increased pain with swelling now. Pain 7/10. **Assessment:** 1. Sprain of knee NOS 2. Current tear of medial cartilage or meniscus of knee. **Plan:** Reviewed and discussed exam and diagnostic MR Arthrogram findings with patient who is pending authorization of left knee diagnostic scope. He has purchased some KT tape and trying to use that with brace, OTC NSAIDs and pain meds to hold him over unit surgery but meds not helping much. Recommending proceed (await) authorization of left knee diagnostic scope due to internal derangement of knee. Follow up: Surgery Left knee diagnostic scope.

09/04/2014: UR **Rationale for Denial:** The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Medications included Norco 10/325 mg every 6 hours and Celebrex 200 mg 1 tablet twice a day. Surgical history included anterior cruciate ligament reconstruction on 4/26/2012 and left knee arthroscopy, chondroplasty, and lateral patellar release with bone marrow aspiration and stem cell preparation application on 1/18/2013. Diagnostic studies included an MR arthrogram of the left knee on 5/22/2014, that concluded there was a high-grade cartilage fissuring in the trochlea with stable moderate cartilage thinning of the medial compartment and evidence of a medial meniscectomy without re-tear, and evidence of ACL reconstruction and possible PCL repair with no evidence of re-tear or injury. Other therapies included oral medications, corticosteroid injections, and a work hardening program. The patient is a male who reported an injury on xx/xx/xx. This request was previously reviewed and received an adverse determination due to a lack of significant examination findings to support additional surgical intervention, a lack of support for a platelet-rich plasma injection as there are not recommended by guidelines, and no support for the need for a surgical assistant. The patient was evaluated on 7/14/2014. It was documented that the patient had physical findings to include moderate effusion and diffuse soft tissue swelling with medial and lateral joint line tenderness with a positive patellofemoral grind test and positive McMurray's Test. The patient also had painful ROM described as 0 degrees to 110 degrees. Additional documentation submitted for review included a clinical note dated 8/20/2014. Physical findings were noted to be medial and lateral joint line tenderness with moderate effusion and diffuse soft tissue swelling, and a positive McMurray's test and positive patellofemoral grind test. The patient's ROM had decreased and was described as 3 degrees in extension to 95 degrees in flexion. An appeal request was made for 1 left knee diagnostic arthroscopy with platelet-rich plasma injection and 1 surgical assistant. The ODG recommend diagnostic arthroscopy for knee injuries when clinical findings are not correlative with imaging studies. The clinical documentation does indicate that the patient

underwent an imaging study that did not identify any significant pathology. However, the patient continues to have persistent symptoms to include progressively decreasing ROM, joint effusion and swelling, and medial and lateral joint line tenderness. Therefore, the need for a left knee diagnostic arthroscopy would be indicated in this clinical situation. THE ODG do not support the use of platelet-rich plasma injections for knee injuries, as they are considered under study and investigational. The clinical documentation does not provide any evidence or exceptional factors to support extending treatment beyond guideline recommendations. THE ODG do not support the use of assistant surgeons unless the surgical procedure is complex or intraoperative or postoperative complications are expected. The clinical documentation did not clearly address why a surgical assistant would be needed for this outpatient ambulatory diagnostic surgery. Although the diagnostic arthroscopy is supported, the request includes elements that are not supported by guideline recommendations. Therefore, the request in its entirety must be non-certified. As such, the requested 1 left knee diagnostic arthroscopy with platelet-rich injection and 1 surgical assistant is non-certified.

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

The previous adverse determinations are partially overturned. I agree that a diagnostic arthroscopic exam is indicated. The platelet rich plasma injection is not indicated according to ODG guidelines. A surgical assistant for arthroscopic outpatient surgery is not indicated. As such, A surgical assistant for arthroscopic outpatient surgery is also not indicated. As such, Left Knee diagnostic arthroscopy between 8/26/2014 and 10/27/2014 is approved and the Platelet-Rich Plasma Injection and Surgical Assistant between 8/26/2014 and 10/27/2014 is not approved.

Per ODG:

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).

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)**