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Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:**

**08/18/2014:**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Left knee arthroscopy, loose body removal, lateral femoral condyle, medial patellar femoral ligament, reconstruction with hamstring autograft.

**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.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is as female who sustained an injury on xx/xx/xx. Documentation noted the patient reduced it back on her own. The patient underwent an MRI on 06/06/2014, which noted a 1.2 cm full-thickness articular cartilage defect, with associated subchondral edema involving the far lateral aspect of the lateral femoral condyle. The patient was evaluated on 06/11/2014 in regard to her left knee injury. Physical examination noted the patient's range of motion as 0 to 120 degrees. The patient had a negative posterior drawer and Lachman. The patient had a stable varus and valgus stress, and the lateral femoral condyle was noted as tender. The patellar evaluation noted lateral instability with marked lateral patellar glide. The

physical examination noted the impression as left patella instability with chondral defect, lateral femoral condyle loose body, and tear of the MPFL.

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

The Official Disability Guidelines recommend loose body removal surgery of the knee for patients where symptoms are noted consistent with a loose body, after failure of conservative treatment. The documentation submitted for review did not indicate the patient had participated in any conservative care to address her symptoms. Furthermore, the physical examination submitted for review did not indicate the patient had signs or symptoms consistent with a loose body. The Official Disability Guidelines recommend the use of patellar tendon repairs for patients with full tears. The documentation submitted for review did not indicate the patient had findings of a full medial patellofemoral ligament tear. The documentation submitted for review indicated the MRI findings of the patellar tendon and distal visualized portions of the quadriceps tendon as intact. Therefore, the medical necessity of a medial patellofemoral ligament reconstruction with hamstring autograft cannot be established. The guidelines state partial tears respond well to nonsurgical treatment, including a knee immobilizer brace, and physical therapy with specific exercises to restore strength and range of motion. The documentation submitted for review contained no evidence of conservative care to include a physical modality. Given the information submitted for review, the prior determination is upheld, and the medical necessity for this surgical intervention is not established.

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES