

Health Decisions, Inc.
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Notice of Independent Review Decision

December 15, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopic Debridement, Possible Microfx

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

An American Board Certified Orthopedic Surgeon with over 13 years' experience

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female that was injured at work on xx/xx/xx. She has tried NSAIDs, activity restrictions and knee sleeve with removable hinges with no pain relief.

07-24-14: Worker's Compensation Patient Initial Evaluation. The claimant c/o knee pain. Upon exam, positive medial McMurray and medial joint line tenderness. Pain with full flexion and passive hyperextension. Firm endpoint on lachman. X-rays: 3 view of right knee, no fractures or dislocations noted at this time. Osteophytes present. Treatment Plan: Home physical therapy, PT and NSAIDs.

08-01-14: New Patient Office Visit Report. The claimant c/o pain, a mass, numbness, decreased ROM, swelling, a feeling of something slipping inside the joint and weakness. On exam, positive Apley, swelling and pain with ambulation. Right knee x-ray 3v: Decreased medial joint space, mild sclerosis, alignment

acceptable. Impression: Chondromalacia, effusion of joint, knee pain and possible torn medial meniscus. Plan: Need for additional diagnostic studies.

08-22-14: MRI Right Knee. Impression: 1. Small joint effusion is present w/o Baker's cyst development and w/o indication of internal derangement of the knee. 2. No additional abnormal findings are evident in the bone marrow alterations considered to be normal anatomic and physiologic variant.

08-27-14: Office Visit Report. The claimant c/o pain (dull, achy, burning, sharp, throbbing feeling), swelling, stiffness, numbness, giving way and rates 5/10. On exam, tenderness at the medial fat pad, facet and femoral condyle with percussion noted. Pain on PF compression is present. PF crepitus is present. Atrophy is present. Tight lateral retinaculum is present. All ligament testing was WNL. ROM: Extension=5 degrees, Flexion=110. All compartment testing is WNL. Impression: Possible trochlear groove articular surface injury. Plan: RICE and knee sleeve w/removable adjustable hinges.

09-08-14: Sports Medicine and Rehabilitation Progress Report. The claimant c/o right knee pain rates 2/10. Knee AROM: Extension - -2, 0; flexion 134, 140. PROM: Extension - 0, 0; flexion - 138, 144. Gross motor exam: Flexion 4-, 4+, extension - 4, 4+, quad tone - 4, 4+. Special tests, ligament stability and meniscus tests all WNL. Palpation tenderness is noted mainly around the patellar region with pressure along the medial aspect, but mainly in one focal area just inferior to the medial and anterior patella, along the tibial plateau region with direct palpation. Clinical Impression: Patient presents with decreased stability and weakness, lack of tone and some edema noted with some signs of meniscal involvement and possible plica in the medial peri-patellar region, although it appears she mostly has ongoing damage to the soft tissue in the distal thigh region. The claimant was instructed on home exercise program.

10-16-14: URA. Rationale: The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was the patient was struck in the right knee resulting in pain and swelling to the area. Medications included Motrin. Surgical history was -not provided. Diagnostic studies included as official MRI of the right knee dated 08-22-14, interpreted, which revealed a small joint effusion is present without Baker's cyst development and without indication of internal derangement of the knee. No additional findings are evident in the bone marrow alterations considered to be normal anatomic and physiologic variant. Other therapies included ice, rest, elevation, medication and knee sleeve with removable and adjustable hinges. The patient is a female who reported an injury on xx/xx/xx. The office note dated 08-27-14 indicated that the patient had complaints of pain, swelling, stiffness, numbness, giving way to the right knee. The patient rated her pain at a 5/10. The patient had complaints of constant dull, achy feeling, burning feeling, sharp sensation and throbbing feeling that is increased with activities. Upon examination, there was tenderness present at the medial fat pad, the medial facet and the medial femoral condyle with percussion. There was swelling present at the medial knee. There was patellofemoral crepitus present. There was atrophy

present. There was tight lateral retinaculum present. Range of motion was extension was 5 degrees and flexion to 110 degrees. The Precertification Request Form dated 10-13-14 indicated the physician recommended right knee arthroscopic debridement, possible microfracture. The Official Disability Guidelines state the criteria for chondroplasty require all of the following to include conservative care of medication or physical therapy, plus subjective complaints of joint pain and swelling, plus objective findings of effusion or crepitus or limited range of motion, plus imaging findings of a chondral defect on MRI. In addition, the Official Disability Guidelines state that the indications for microfracture surgery require all of the following to include conservative care of medication or physical therapy for a minimum of 2 months, plus subjective complaint of joint pain and swelling, plus objective findings of small full thickness chondral defect on normal knee alignment and normal joint space, and ideal age of 45 or younger, plus imaging findings of a chondral defect on weight bearing portion of the medial or lateral femoral condyle. The records submitted for review indicated the patient had complaints of right knee pain that was rated at a 5/10 with swelling, stiffness, numbness and giving way. Upon examination, patellofemoral crepitus was present, atrophy was present, and tight lateral retinaculum was present. However, the official MRI of the right knee failed to include documentation of a chondral defect to support the chondroplasty surgery and the microfracture surgery. Given the above, the request for OP Right Knee Arthroscopic Debridement, Possible Microfx is non-certified.

11-14-14: URA. Rationale: This is a non-certification of an appeal of a right knee arthroscopic debridement with possible microfracture. The previous non-certification on October 16, 2014, was due to lack of chondral defect on MRI. The previous non-certification is supported. I discussed the case. There was no added clinical information given at this time. The only conservative treatment is a home based exercised program and a knee sleeve. At this time, no formal physical therapy or cortisone injection has been attempted. The MRI shows no chondral defect. Additional records were not provided for review. The records do not reflect any pathology on the MRI. The guidelines indicate diagnostic arthroscopy would be supported if there is documentation of completion of lower levels of care, pain and functional limitations continuing despite lower levels of care and imaging is inconclusive. Microfracture would be supported when there is documentation of medication and physical therapy for two months, joint pain and swelling, a small full-thickness chondral defect on the weight bearing portion, knee is stable with intact and fully functional menisci and ligaments, and imaging demonstrating a chondral defect. None of these requirements were met in the records. The request for an appeal of a right knee arthroscopic debridement and possible microfracture is not certified.

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

The previous decisions are upheld. The patient is not indicated for right knee arthroscopic debridement with possible microfracture. The patient's August 2014 MRI demonstrates no evidence of internal derangement in the right knee. She does not have a soft tissue injury that would require debridement. She does not

have of a chondral defect that would require microfracture. The patient does not require surgical intervention based on the recent MRI study. The proposed surgery is not recommended for this patient. Therefore, the request for Right Knee Arthroscopic Debridement, Possible Microfx is non-certified.

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)