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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/20/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right knee osteochondral defect procedure with a major joint injection, and arthroscopic Stage I biopsy; to be followed approximately six weeks by open Stage II implantation

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his right knee after he had been carrying equipment weighing approximately 230 pounds on xx/xx/xx. The patient stated his right knee had given out on him, and he had to stop suddenly resulting in a twisting type injury to the knee. The clinical note dated 05/05/15 indicates the patient complaining of weakness and pain at the right knee. The patient had been treated conservatively with medications. The patient rated the pain as 4-9/10. Swelling and instability were identified. The patient was identified as having difficulty squatting at that time. The clinical note dated 04/08/15 indicates the patient continuing with right knee pain. The patient rated the pain as 2/10 at that time. The note indicates the patient being able to demonstrate -1 to 115 degrees of range of motion at the right knee. Minimal weakness was identified at the quadriceps. An equivocal McMurray's sign was identified. The clinical note dated 04/29/15 indicates the patient having undergone radiograph studies as well as an ultrasound. The radiograph studies revealed decreased joint space at the medial compartment. Mild osteophytes were identified. A minimal lateral subluxation was revealed. There is an indication the patient had undergone physical therapy as well. The clinical note dated 05/13/15 indicates the patient having 8/10 pain, which was dependent on his activities. Weakness continued at the quadriceps. The patient was able to demonstrate -5 to 115 degrees of range of motion. The note indicates the patient being recommended for a 2-stage operative procedure that includes a biopsy with an implantation. The operative note dated 12/22/14 indicates the patient having undergone a right knee arthroscopy with an ACL repair and a partial medial meniscectomy as well as a chondroplasty.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing right knee pain with associated range of motion deficits. The patient has been recommended for a 2-stage autologous chondrocyte implantation procedure. ACI is indicated for patients whose current BMI is less than 35 and the patient's age is greater than 60 years of age, and imaging studies confirm the patient's significant pathology. The submitted MRI revealed signs of arthritis in the medial compartment. The patient's current BMI according to the most recent clinical note is over 37 which exceed recommendations. Furthermore, the patient is not yet 60 years of age. Given these factors, it is unclear if the patient would benefit from the proposed surgical procedure at this time. It is

the opinion of this reviewer that the request for Right knee osteochondral defect procedure with a major joint injection, and arthroscopic stage I biopsy; to be followed approximately 6 weeks by an open stage II implantation is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)