



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: December 28, 2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient arthroscopic debridement of scar tissue: right knee

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

REVIEW OUTCOME

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of outpatient arthroscopic debridement of scar tissue: right knee.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a XXXX XXXX who sustained an XXX injury on XXX. The mechanism of injury was documented as a trip and fall resulting in a knee injury. Records indicated that XXXX was diagnosed with anterior cruciate ligament (ACL) and medial meniscus tear. XXXX underwent right knee examination under anesthesia, comprehensive arthroscopy, partial arthroscopic medial meniscectomy,

and ACL reconstruction with frozen Achilles tendon allograft on XXXX. The XXXX orthopedic report indicated that the claimant was status post comprehensive arthroscopy, arthroscopic debridement and notchplasty on XXXX. XXXX had continued stiffness in XXXX knee and was having a hard time with stairs and getting up. XXXX had started physical therapy which was helping, and had 3 sessions left. The injection performed at the last visit helped some and XXXX would like another one. Right knee exam documented muscle atrophy, range of motion -2 to 135 degrees, and negative Pivot shift, anterior drawer, and Lachman's tests. The treatment plan included referrals for MRI and physical therapy. The XXXX right knee MRI report indicated that the claimant was status post three right knee surgeries and noted this study was compared to the previous XXXX MRI. The impression documented interval development of moderate diffuse loss of articular cartilage in the medial femorotibial compartment with small subchondral cystic changes at medial femoral condyle. There was interval development of post meniscectomy changes with marked volume loss of body and posterior horn of medial meniscus, no re-tear seen. There was interval development of post-surgical changes of ACL repair with intrasubstance degeneration of ACL graft with intact insertions and no re-tear. There was interval development of mild changes of arthrofibrosis on anterolateral aspect of knee joint projecting into Hoffa's fat pad. There was interval resolution of knee joint effusion, collateral ligament sprain, popliteal and biceps femoris tendon sprain, and contusional marrow edema in lateral tibial plateau. The XXXX treating physician report indicated that the MRI showed the ACL graft was intact and there were no negative tears. XXXX reported BFR (blood flow restriction) therapy and dry needling were helping a lot. XXXX was still having trouble getting approvals for therapy and delays. Right knee exam documented tenderness over the patellofemoral joint, muscle atrophy, and negative instability testing. The treatment plan recommended physical therapy three times a week for 6 weeks. XXXX was reported capable of regular work. The XXXX orthopedic report indicated that the claimant was still walking with a limp and was unable to extend XXXX leg. XXXX had continued pain and limited range of motion. XXXX was attending therapy and struggling with XXXX daily activities. XXXX was taking ibuprofen and Ultram as needed. XXXX was working regular work. It was noted that XXXX was doing better after the last arthroscopy, but now losing more extension. Right knee exam documented persistent atrophy and extension lacking 5 degrees. The diagnosis included right knee complex tear of the medial meniscus and ACL sprain. The treatment plan recommended arthroscopic debridement of scar tissue, right knee. The XXX Pre-Authorization Report determination indicated that the request for right knee arthroscopic debridement of scar tissue was non-certified as there was no objective evidence on the MRI of pathology that would be amenable to a specific arthroscopic surgery. The XXXX amended orthopedic report (XXXX) indicated that continuation of therapy was denied and motion was limited. Authorization was again requested for arthroscopic debridement of scar tissue, right knee. The XXXX Pre-Authorization Report determination indicated that the request for right knee arthroscopic debridement of scan tissue was denied as there was no specific objective evidence of a current meniscal lesion, the Official Disability Guidelines do not recommend arthroscopic intervention to address scar tissue, osteoarthritis, and no substantive information presented to suggest the need for this arthroscopic intervention. The reviewer noted that there had been three previous surgeries, and little gains would be made with this additional arthroscopic intervention.

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

The prospective request for outpatient arthroscopic debridement of scar tissue- right knee is not medically necessary. The denial of this request is upheld. The Official Disability Guidelines Knee and Leg Guidelines state that treatment of knee contractures should always take a step-wise approach because more than half of patients will respond adequately to prolonged non-surgical measures. The majority of refractory contractures will respond to manipulation under anesthesia (MUA) alone,

preferably performed within 3 months following injury/surgery. More invasive surgery (usually arthroscopic adhesiolysis) is only rarely required for persistent severe stiffness. Guideline criteria for arthroscopy scar tissue debridement (adhesiolysis) includes pain and functional limitations despite conservative treatment, limited range of motion including knee flexion <90 degrees and/or extension loss >10 degrees, failure of a minimum of 6 weeks of conservative treatment including physical therapy and exercise, bracing/casting, and/or joint injection, and failure of MUA.

This claimant presents with persistent right knee pain and inability to fully extend XXXX leg. XXXX was walking with a limp. XXXX was status post ACL reconstruction and partial medial meniscectomy on XXXX, and arthroscopic debridement and notchplasty on XXXX XXXX has been able to return to work full duty. Clinical exam findings document a 5-degree extension lag with persistent muscle atrophy. There is current MRI evidence of moderate diffuse loss of articular cartilage in the medial femorotibial compartment with small subchondral cystic changes at the medial femoral condyle. There was no evidence of ACL or medial meniscus re-tear. XXXX has attended physical therapy and received an injection with reported benefit. Apparently, additional physical therapy has not been authorized. There is no evidence that transition to a home exercise program would not provide additional rehabilitation benefit. There is not compelling rationale presented or exceptional factors noted that would support the requested arthroscopic debridement of scar tissue as an exception to guidelines. Therefore, the prospective request for outpatient arthroscopic debridement of scar tissue- right knee is not medically necessary.

**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**
ODG–TWC.
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Knee and Leg (Acute & Chronic)
Updated 12/19/17
Surgery for arthrofibrosis
 - ☐ **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)**