

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: APRIL 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopy, knee, surgical; with meniscectomy (medial or lateral including and meniscal S

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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Case Assignment from TDI
Denial Letters from URA
Left knee MRI, 12/28/06
Left knee x-ray, 12/28/07
Physical therapy notes, 01/08/07 to 01/29/07
Office note, Dr. 02/14/07
Notes, 03/17/07 and 03/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant reported a left knee injury. An MRI of the left knee done on 12/28/06 showed intrameniscal signal of the posterior horn of the lateral meniscus, a large joint effusion, an osteochondral defect of the anteromedial aspect of the medial femoral condyle and questionable prepatellar bursitis. X-rays of the left knee were reportedly normal.

On a 02/14/07 physician visit, the claimant reported continued left knee pain. An examination revealed mild swelling of the left knee, crepitus with motion and a positive's sign and the claimant had difficulty with full extension. The claimant was diagnosed with a severe contusion of the left knee, medial meniscus tear and osteochondritis desiccans of the medial tibial plateau. A partial medial meniscectomy with chondroplasty versus a microfracture drilling was recommended. Continued physical therapy was advised.

Persistent left knee pain was reported on subsequent physician visits dated 03/17/07 and 03/26/07. The physician noted that the claimant had failed conservative treatments since the injury on 12/06/06 and would be a candidate for an arthroscopic evaluation of the left knee. The claimant had mechanical symptoms, osteochondritis desiccans of the medial tibial plateau and a medial meniscal tear clinically.

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

This male reportedly suffered an injury to his left knee on. Reportedly he described immediate swelling and pain. Subsequent MRI scan of the knee describes an obvious effusion and what radiologists determined to be a small osteochondral defect of the anterior medial femoral condyle. There is no evidence of discrete meniscal pathology.

This individual went through a course of physical therapy from January 8 through January 29, 2007. Reportedly he attended 10 sessions. Within the records his treating physician Dr. determined that because of persistent pain and recurrent swelling in his knee that he was a candidate for surgery. Although the MRI scan did not show evidence of discrete meniscal pathology he was convinced, based on sign and medial joint line tenderness that this gentleman likely had a meniscal tear. He recommended surgery.

Subsequently he was seen on two additional occasions including 03/17/07 and 03/26/07. On both occasions he reported increasing pain, persistent pain along the medial joint line and residual swelling.

Of note this case was reviewed on two separate occasions on 02/26 and 3/13. On both occasions it was deemed that the request for arthroscopic surgery, chondroplasty and micro-fracture surgery was not medically necessary. The rationale cited failure to conservative treatment and inconsistent findings between the MRI and clinical examination.

The Reviewer has carefully reviewed all of the medical information provided. The Reviewer's medical assessment is that arthroscopic surgery is reasonable and medically necessary in this gentleman's case for the following reasons. This gentleman has failed conservative treatment over greater than three months. He has continued to have persistent pain complaints in the medial joint line and recurrent effusions. Although his MRI does not document medial meniscal tear, it clearly documents evidence of an

osteochondral defect in the medial femoral condyle. While his treating physician is suspecting that he may have meniscal pathology, it is quite possible that his symptoms may in fact be solely due to the medial femoral condyle defect. Regardless of whether or not he has meniscal pathology and/or simply an osteochondral defect, this gentleman has, in the reviewer' assessment, failed conservative treatment and the next step in management because of his recurrent effusions and persistent pain would in fact be arthroscopic surgery. The Reviewer's medical assessment is that there are not further conservative measures that are likely to offer this gentleman any meaningful improvement. If nothing else, the arthroscopic surgery will define the extent of the defect and provide the most appropriate treatment.

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)**

- Official Disability Guidelines Fourth Edition Treatment in Worker's Compensation 2006 p. 667
- Campbell's Operative Orthopedics Chapter 43 pg 2308 – 2309