

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

DATE OF REVIEW:

AUGUST 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee diagnostic arthroscopy with possible meniscus repair

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr., 05/10/07

Notes, 05/15/07 and 07/03/07

Peer review, 05/23/07 and 06/26/07

Physical therapy notes, 05/30/07 and 06/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who developed pain and swelling after lifting a heavy box on xx/xx/xx. The claimant reported popping and catching in the left knee and pain with weight bearing. Dr. saw the claimant on 05/10/07. X-rays from the emergency room were reportedly negative. Clinical findings noted medial joint line tenderness, negative McMurray's and no instability. Motion in the knee was full.

An office note on xx/xx/xx indicated MRI of the left knee showed a small effusion and no obvious medial meniscal tear. Dr. opined there was medial meniscus pathology. The claimant attended four sessions of therapy and reported increased pain. A recent office

note on 07/03/07 noted trace effusion, some limited flexion and equivocal McMurray's. The request for left knee arthroscopy was non-certified on two separate occasions. Request for a medical dispute resolution was submitted.

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

Review of the medical records would not support that the proposed surgery is reasonable and necessary at this juncture as there is no documentation of conservative measures with anti-inflammatory medications, possibly consider cortisone injection or a knee sleeve. There is no MRI report available for review and no documentation of a discussion between the treating physician and the radiologist whether or not there is a medial meniscal tear.

Thus, without the benefit of peer discussion, the reviewer cannot ascertain whether or not the MRI confirms medial meniscal tear. The McMurray's was previously negative when initially evaluated on 05/10/07 and currently described as equivocal on 07/03/07.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (Knee and Leg)

Recommended as indicated below:

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.

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair:

1. Conservative Care: (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS
2. Subjective Clinical Findings: Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
3. Objective Clinical Findings: Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI

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)