

Notice of Independent Review Decision

DATE OF REVIEW: 12/19/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Right Knee Arthroscopy (29881, 29876, 27599)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Tennessee, College of Medicine and completed training in Orthopaedics at Vanderbilt University Hospital. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 9/14/1973 and currently resides in TX. He completed a General Surgery Residency at University of California, San Diego.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. Right Knee Arthroscopy (29881, 29876, 27599) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review organization note dated 12/07/2007
 2. Request for a review dated 11/28/2007
 3. Clinical note by MD dated 11/15/2007
 4. Clinical note by LVN dated 11/15/2007
 5. Clinical note by MD dated 12/06/2007
 6. Clinical note by LVN dated 12/06/2007
 7. Review of case assignment by dated 12/10/2007
 8. Clinical note by dated 12/10/2007
 9. Clinical note dated 12/12/2007
 10. Clinical note by MD dated 11/15/2007
 11. Clinical note by LVN dated 11/15/2007
 12. Clinical note by MD dated 12/06/2007
 13. Clinical note by LVN dated 12/06/2007
 14. Clinical note by MD dated 10/31/2007
 15. Clinical note dated 11/28/2007
 16. Clinical note dated 11/29/2007
 17. Surgery note dated 12/12/2007
 18. Report by MD dated 08/21/2007
 19. Clinical note by MD dated 08/14/2007
 20. Clinical note dated 09/12/2007 and 09/26/2007
 21. Clinical note dated 05/02/2007 to 08/15/2007 multiple dates
 22. Report of medical evaluation dated 07/16/2006
 23. Narrative history dated 07/11/2006
 24. Clinical note dated 12/12/2007
 25. Clinical note dated 02/16/2006
 26. Clinical note by MD dated 02/20/2006
 27. Clinical note by MD dated 02/20/2006
 28. Encounter note by PA-C dated 04/25/2006
 29. Clinical note by MD dated 05/26/2006
 30. Claims mail log dated 06/05/2006
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31. Clinical note by MD dated 05/24/2006
32. Review organization by dated 12/10/2007
33. Clinical note dated 09/12/2007 and 09/26/2007
34. Clinical note dated 02/06/2006 to 08/15/2007 multiple dates
35. Clinical note by MD dated 08/16/2006
36. Report by MD dated 08/21/2007
37. Operative report by en dated 03/22/2007
38. Report by MD dated 01/12/2007
39. Clinical note by MD dated 02/20/2006
40. Clinical note by MD dated 02/20/2006
41. Status report dated 08/16/2006 to 09/26/2007 multiple dates
42. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx year old female who suffered bilateral knee injuries. The injured employee was diagnosed with tear of medial cartilage or meniscus and is status post left knee arthroscopy. The injured employee underwent physical therapy but complained of right knee pain. An MRI of the right knee was done on xx/xx/xx, which showed slight joint effusion. The request is for right knee arthroscopy.

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

Dr. on 9/26/2007 stated that the right knee injection provided short term relief only. Examination revealed medial joint line tenderness and a painful McMurray test causing most pain and discomfort medially, and mild pain laterally. There was a negative patellar grind test, negative apprehension test, negative Lachman, and negative anterior drawer. He stated that the "MRI was negative or inconclusive for meniscal tear although MRIs are notorious for missing meniscal tears." He recommended diagnostic right knee arthroscopy and possible meniscectomy.

The Official Disability Guidelines note the following indications for meniscectomy:

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 giving 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.

There are two MRI reports of the right knee:

- 2/20/2006 - joint effusion slightly larger than left side, mild patellar cartilage thinning, no acute osseous ligament or meniscal findings.
- 6/21/2007 - slight joint effusion, no evidence of meniscal tear or ligament tear.

In light of two negative right knee MRIs, done over a span of 16 months, the medical records do not support ODG criteria for arthroscopic intervention for probable medial meniscectomy. It is highly unlikely that two knee MRIs, done over a year apart, would have a "false negative" report for medial meniscal tear. The previous denial is therefore upheld.

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
- X 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)

