



# Lumetra

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**DATE OF REVIEW:**            05-19-07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right knee evaluation under anesthesia (EUA), scope, correct internal derangement

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

Certified by the American Board of Orthopaedic Surgery  
General Certificate in Orthopaedic 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)

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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/ Overturn
		Prospective			Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notice of Adverse Determination (4-12-07 & 3-23-07)  
Physician Notes (6-29-05, 7-13-05, 8-8-05, 9-26-05, 1-15-07, 1-26-07, 3-16-07,  
3-23-07, 4-4-07)

**PATIENT CLINICAL HISTORY [SUMMARY]**

xx/xx/xx: Date of injury – not described  
5-17-05: Date of surgery (operative report not submitted).  
Right Knee: Medial meniscus repair, removal loose body, excision  
Lateral meniscus, chondromalacia medial femoral condyle  
Subsequent Physician Notes:  
6-29-05: 6 weeks post-op - knee immobilizer discontinued. ROM full  
extension to 90-degree flexion. Physical therapy started.  
7-13-05: 8 weeks post-op - released for work without restrictions. Continue  
home exercise program.  
9-26-05: Impairment rating: 4% whole person permanent impairment.  
Return as needed.  
1-15-07: Since November, given out 3x. Pain in the medial & posterior right  
knee. No effusion, ligament laxity. Maintains ROM. Some crepitus  
on movement. Tender medial joint line & posteromedial. Advised to  
repeat MRI.  
1-23-07: MRI- no report available  
1-26-07: Pain & popping. MRI – posterior horn medial meniscus signal  
abnormality <50% chance of medial meniscus tear.  
3-16-07: Noted crepitus on movement. Advised to have EUA, arthroscopy  
right knee.  
3-23-07: Request denied – no conservative care, intraarticular steroid, oral  
medications, physical therapy.  
4-04-07: Unchanged symptoms

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL  
BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The records and physician examination does not clearly define what is producing the “pain & popping” or the area of the knee which is producing the “crepitus on movement”. The Reviewer noted that often medial meniscus tears would lead to night pain, whereas chondral lesions will not. Usually lasting meniscus repairs are not performed for patients over unless, the tear is very suitable for repair. Further, there is no documentation of specific testing such as full standing multi

position right knee x-rays and MRI arthrogram to judge posterior horn medical meniscus tear status and degree of chondral defect, medial femoral condyle.

**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 JUDGMENT, 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)**