



REVIEWER'S REPORT

DATE OF REVIEW: 06/09/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four-month rental of knee device and supplies.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Duly licensed physician in the State of Texas, D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level II, with more than 19 years of clinical experience in chronic pain management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Peer Review performed by orthopedist on 04/07/04
2. Progress notes of treating doctor (TD) 06/16/04 through 05/14/07
3. Independent Medical Evaluation by orthopedist dated 08/06/04 and 05/19/06
4. Physical Adviser Reviews dated 04/10/07 and 04/30/07 regarding the request for above services

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured when he slipped, twisting his left knee. The claimant had a previous significant medical history of left knee problems, having undergone knee surgeries in the past. Follow up with the claimant on 06/16/04 noted that the claimant had undergone an injection of his left knee the previous week with no benefit. On 08/06/04 an Independent Medical Evaluation was performed. It was noted that a left knee MRI scan performed some 6 weeks following the work event demonstrated absence of most of the lateral meniscus. It was noted the claimant had undergone arthroscopic

surgery of the left knee with extensive chondroplasties of almost all the components of the knee. He stated the claimant sustained primarily chondral damage to the knee as a result of the injury. He also noted that for the previous years the claimant had required 1-2 cortisone injections per year and that he had a "slow progressive degenerative arthritis of the knee" but was "a long way" from needing knee replacement.

On 05/19/06 another Independent Medical Evaluation was performed. It was noted that the claimant had an MRI scan as recently as 2003 demonstrating meniscus degeneration but no tear. He noted the claimant was having flare-ups every 4-6 months for which he received cortisone injections to settle the knee down. He also noted the claimant had undergone open meniscectomy of the knee about 20 years before. On physical examination he noted mild effusion of the knee but no instability. He stated the claimant had a gradually progressive degenerative arthritis of the left knee due to previous surgery 20 years before and that he would likely need arthroscopic debridement of the knee and eventually knee replacement sometime in the future.

On 08/24/06 left knee lateral meniscectomy, major synovectomy of all 3 components, and chondroplasty of the patella and medial femoral condyle were performed. In the operative note it was stated that there was no tearing of the medial meniscus. It was noted evidence of previous lateral meniscectomy with the meniscus being found to be intact. Significant synovitis in the anterior and medial gutters of the medial compartment as well as in the lateral compartment was noted. The claimant returned for follow up on 09/06/06 complaining of sudden increased pain several days before with no antecedent event. Examination documented no effusion or warmth. The claimant still complained of pain but on exam had no significant findings, no effusion, and essentially complete range of motion. On 10/17/06 the claimant was said to be "doing better overall" and continued to demonstrate no significant loss of range of motion of the knee or effusion. The claimant was returned to work as of 10/23/06.

The claimant again returned for examination stating he was not doing well. Physical examination, however, continued to document no warmth or effusion and no significant loss of range of motion. The TD recommended that the claimant be provided an unloader brace and performed the first of 3 Euflexxa injections. The second injection was performed and the third. The claimant at that point stated he was doing well and felt that the injections and unloader brace were helping him significantly. By 02/12/07, however, although he was still using the unloader brace, the claimant was said to be not doing well. He continued to complain of his left knee giving way. Examination, however, documented no effusion and no warmth but the use of the unloader brace.

The TD recommended that the claimant obtain a brace. On 05/11/07 that brace was given to the claimant for use over the next 2 months. On 04/10/07 a physician reviewer stated that there was no medical reason or necessity for the 4-month device rental. A second physician reviewer on 04/30/07 confirmed that the 4-month rental of the device was not medically reason or necessary. The claimant returned to the TD on 05/14/07 and stated he was "doing poorly." Physical exam continued to document no effusion and no warmth. X-rays were taken, demonstrating "end-stage" arthritis in the lateral

compartment of the left knee. The TD stated that the claimant needed left knee replacement but that the claimant was “not ready” for that.

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

The claimant has been through at least 1 or 2 arthroscopic surgeries to treat his work injury. The claimant has been through multiple injection therapies and a trial of an unloader brace, which, according to the documentation provided, did not provide him significant relief. The claimant was noted to be in the same amount of pain on 02/12/07 as he had been before, even though he was, at the time, using the unloader brace.

Given the failure of the use of an unloader brace previously, the use of the device, another unloader brace, would also be medically unreasonable and unnecessary. There is no medical reason or necessity for repeating ineffective treatment. In this case, the use of a different unloader brace would not be considered medical reasonable or necessary based on the failure of clinical benefit from the use of the first unloader brace. Therefore, since the claimant has already failed to gain benefit from prior use of a similar DME, there is no medical reason or necessity for the requested 4-month rental of the device and associated supplies.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)