

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy surgery with two day inpatient hospital stay

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

Lumbar, left foot and left knee x-rays
Left knee MRI, 02/13/04 and 03/05/07
Office notes, Dr., 02./25./04, 04/12/07
Peer review, 05/17/07 and 05/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a history of left knee degenerative arthritis. X-rays on showed medial compartment narrowing and subchondral sclerosis with some spurring in addition to patellofemoral osteoarthritis. An MRI of the left knee showed Grade IV chondromalacia in the medial compartment with underlying spontaneous osteonecrosis

of the medial femoral condyle and medial tibial plateau, as well as tears of the posterior horn and body of the medial meniscus. He was treated conservatively with activity modification, medications, a medial unloader brace in addition to consideration of viscosupplementation injections.

The claimant reported slipping and falling on ice while wearing his brace, landing in a "hurdler's" position. He complained of increased swelling, more pain, a more antalgic gait and the inability to weight-bear necessitating the use of a wheelchair while at work. An MRI of the left knee showed a large loose body within the joint space, advanced degenerative osteoarthritic disease most severe within the medial joint compartment, a moderate sized joint effusion and a large oblique tear of the posterior horn and body of the medial meniscus in addition to multiple chronic degenerative tears. Examination by Dr. on 04/12/07 found a marked antalgic gait, pain along the medial joint line, a jog of medial and lateral laxity and flexion to 100 degrees. Dr. noted that X-rays showed Kellegren-Lawrence IV degenerative arthritis of L knee and degenerative arthritis of the patellofemoral joint. Treatment consisted of rest, ice, and anti-inflammatory medications. Dr. opined that the claimant might benefit from injections and that he would ultimately require a left total knee arthroplasty. A request was made for authorization of a left knee arthroscopy with two day inpatient hospital stay.

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

The claimant is a gentleman who apparently suffers from severe advanced degenerative arthritis of the left knee. We make that diagnosis based on MRI scan which described Grade IV changes as well as plain radiographs which describe subchondral sclerosis and medial compartment degenerative change. The most recent information in the records suggests recommendations to be made for injections although arthroplasty was an eventual next step. Of note, there is no documentation in the records that this gentleman has undergone injections either in the form corticosteroid installation and/or Visco supplementation. The current request is for left knee arthroscopy with a two day inpatient stay. Based upon review of the medical records the proposed left knee arthroscopy is not recommended as medically necessary. Arthroscopy in treatment of severe degenerative arthritis has not been proven in orthopedic literature to be beneficial for relief of symptoms.

Milliman Care Guidelines, Inpatient and Surgical Care, 11th Edition
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Knee

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.

Cole, Brian and Harner, Christopher. Degenerative Arthritis of the Knee in Active Patients: Evaluation and Management. Journal of American Academy of Ortho Surg 1999, 7:389-402.

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)