

Notice of Independent Review Decision

DATE OF REVIEW: 6/4/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29880 - Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University. He did his internship and residency in the field of. This physician did a fellowship. This reviewer has written numerous research articles and publications. He is affiliated with the Association.

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) |

29880 - Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a review note dated 05/15/2007
2. Telephonic review by MD dated 03/05/2007
3. Telephonic review by MD dated 3/30/2007
4. Request form dated 04/11/2007
5. Clinical note dated 05/15/2007
6. Telephonic review note by MD dated 03/05/2007
7. Telephonic review note by MD dated 03/30/2007
8. Request form dated 04/11/2007
9. Case assignment note by dated 05/17/2007
10. Clinical note dated 05/22/2007
11. Notice of assignment of independent by, dated 05/17/2007
12. Appeal dated 03/27/2007
13. Pre-authorization request dated 11/13/2006
14. Clinical note by MD, dated 02/27/2007
15. Preauthorization request/telephone review by MD, dated 03/05/2007
16. Report of medical evaluation by MD, dated 02/02/2007
17. Review of medical history dated 05/22/2007
18. Review of medical history and physical exam by MD, dated 02/02/2007
19. Gonlometer report dated 02/02/2007
20. Functional capacity evaluation by OTR, 1dated 02/02/2007
21. Evaluation summary report dated 01/19/2007
22. Whole body range of motion dated 05/22/2007
23. Standing work tolerance by Dr. DC, dated 05/22/2007
24. Muscle testing exam dated 03/29/22007

Name: Patient_Name

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This worker sustained an injury on xx/xx/xx involving the right knee. A MRI study confirmed a tear of the lateral meniscus. The injured worker underwent a right knee arthroscopy with partial lateral meniscectomy on 08/23/2006. A follow-up right knee MRI study on 12/06/2006 revealed chondromalacia of the patella and a small joint effusion.

The injured worker underwent conservative treatment following the right knee surgery. He saw a designated physician on 02/02/2007 who documented no swelling or tenderness to the knee. There was a full active range of motion and no crepitus. There was no joint laxity with varus or valgus stresses or with anterior or posterior drawer test. The physician documented a slight reduction in calf diameter on the right compared with the left.

At this time, a repeat arthroscopy is under review.

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

This worker has knee pain secondary to an injury at work. The injured worker underwent an arthroscopic partial lateral meniscectomy without complete resolution of pain. The injured worker has been treated with activity modification, NSAIDs, and physical therapy. A recent MRI did not demonstrate any significant meniscal pathology, there was however some signs of patellofemoral chondromalacia. The provider is requesting a repeat arthroscopic examination.

A diagnostic arthroscopy is medically necessary for suspected intraarticular pathology with knee pain that has failed conservative management. Non-operative measures include NSAIDs, activity modification, physical therapy, steroid injections, and occasionally bracing. The injured worker's symptoms are primarily pain with some lateral joint line pain on physical examination raising the suspicion of a recurrent torn meniscus; however the MRI does not demonstrate a meniscal tear. Presumably, the pain could be from degeneration of the lateral femoral condyle or the lateral patella. Knee arthroscopy for knee degeneration has mixed results in the literature with some articles showing no benefit from an arthroscopic lavage of a degenerative joint. Therefore, the medical necessity for a repeat arthroscopic examination would not be established due to the absence of a meniscal tear, presumption of degeneration, and the availability of a viable non-operative measures. Therefore the denial of surgery is 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)

AMR Tracking Num: