MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: **MARCH 23, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Left knee arthroscopy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
MD, Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

X 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

- Medical records.
- Medical records provided by including Dr. notes,

PATIENT CLINICAL HISTORY [SUMMARY]:
Mr. was seen by Dr.. In the notes, Dr. indicated he had seen him in the past for his left knee and that the claimant had recently fallen at work sustaining injury to his knee. He complained of a fair amount of pain. He was noted to have a history of degenerative joint disease as well as a previous meniscal tear. The claimant stated that prior to the fall this time he was still having some sequelae from his previous injury with intermittent pain. However, he had increased pain since the fall. X-rays taken that day showed degenerative changes but no fracture or dislocation. The knee was stable and he was painful over the medial

joint line. Mr. opined that he had re-injured a previously operated on injured knee, which had at least two previous surgeries with degenerative changes. He felt that the new injury might be a sprain to a fairly degenerative knee but that further diagnostic studies including the MRI would be appropriate. He was taken off of work and given Mobic.

He was seen again on 12/21/06 with the notation by Dr. that his symptoms had not changed. By history the claimant stated that it did not cause him pain, however, it hurt at certain times and it was difficult for him to sleep. Mr. noted the patient was not interested in surgery at that time, therefore, he was given a prescription for Naproxen and was released to work on 12/26/06.

He was seen again on 1/23/07 with Dr. noting that the claimant stated that his knee was doing fine except for when he was working. He had to be up on his leg more and that was difficult for him. He was questioning Dr. regarding reassignment at work. Dr. stated that at this point total knee arthroplasty was probably his best option but the patient was reluctant to undergo that type of surgery. Dr. recommended an MRI to delineate any other new injuries and determine whether knee arthroscopy would be helpful. He felt that the pre-existing problem had been aggravated by his work injury and by his two falls at work. He allowed him to work with restrictions.

On 1/29/07, Dr. saw the patient again with the same symptoms. His physical examination was unchanged. An MRI had been done demonstrating tibial and femoral bone contusions as well as an apparent re-tear of the medial meniscus as well as degenerative changes. Dr. stated that knee arthroplasty would be the definitive procedure, however, due to scarring in the knee he was somewhat reluctant to undertake that surgery. He felt that arthroscopic surgery might be appropriate to address the meniscal pathology but stated it may not give him complete relief from his symptoms due to his underlying arthritis. He was kept on the same restrictions.

He was seen again on 2/5/07 by Dr. He again stated he was not interested in total knee arthroplasty. He requested that Dr. proceed with knee arthroscopy for debridement of the knee.

The report of an MRI dated 1/29/07 indicates that the patient had a previous MRI on 9/12/05. The new MRI was compared to the previous MRI. The report states that “again noted is a complex tear involving the medial meniscus with oblique and horizontal component extending into the body and anterior horn.” He also had bone contusions involving the medial femoral condyle and medial tibial plateau and degenerative changes in the knee involving all compartments with primarily medial patellofemoral involvement as well as joint effusion and a small baker’s cyst.

On 2/8/07 Dr. recommended non-authorization for knee surgery. A request was made for some degree of conservative treatment, which had been rendered to

the patient in the two months since his injury, as well as current physical examination finding to review for medical necessity.

On 2/14/07 Dr. reviewed the request for surgery and recommended non-authorization. It was the opinion of Dr. that there was no evidence that the presumed injury caused the tear in the meniscus and that most likely the meniscal pathology was a result of the pre-existing degenerative arthritis. He stated that evidence based treatment does not recommend arthroscopy in degenerative arthritis in the knee for degenerative tears of the meniscus without specific mechanical symptoms. He noted symptoms had not been reported in the patient and that the doctor had specifically stated that he was doubtful that arthroscopic treatment would result in significant improvement. He felt that his underlying problem is a naturally occurring disease of life.

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

THE REQUEST FOR KNEE ARTHROSCOPY IS NOT MEDICALLY NECESSARY IN RELATION TO THE INJURY OF . THE REASON FOR THE PROPOSED SURGERY WAS MENISCAL DEBRIDEMENT. THE MRI REPORT CLEARLY INDICATES THAT THE PATIENT HAD A PRE-EXISTING MEDIAL MENISCAL TEAR NOTED ON MRI DONE. THE NEW FINDINGS OF SMALL BONE CONTUSIONS COULD BE A RESULT OF STRESS OVERLOAD DUE TO DEGENERATIVE ARTHRITIS OR POSSIBLY COULD BE DUE TO A FALL ON THE KNEE. DR.S' COMMENTS INDICATE THAT HE RECOMMENDED ARTHROSCOPY FOR TREATMENT OF MENISCAL PATHOLOGY, WHICH WAS CLEARLY PRE-EXISTING TO THE INJURY OF. ADDITIONALLY, AS DR. STATED, THAT IN THE ABSENCE OF MECHANICAL SYMPTOMS, EVIDENCED BASED MEDICINE FROM *THE JOURNAL OF BONE AND JOINT SURGERY AND ORTHOPAEDIC KNOWLEDGE UPDATES* INDICATE THAT ARTHROSCOPIC SURGERY FOR SIGNIFICANTLY DEGENERATIVE KNEES IS OF LITTLE IF ANY LONG LASTING BENEFIT. IT WOULD APPEAR FROM THE RECORDS THAT THE PATIENT SUSTAINED A SPRAIN OR CONTUSION OF THE KNEE, WHICH MIGHT HAVE TEMPORARILY AGGRAVATED HIS UNDERLYING ARTHRITIC CONDITION. MOST LIKELY THE GRADUAL DETERIORATION OF HIS KNEE IS THE RESULT OF THE NORMAL PROGRESSION OF SYMPTOMS IN AN INDIVIDUAL WHO HAS SIGNIFICANT ADVANCED DEGENERATIVE ARTHRITIS IN THE KNEE AND IS NOT SPECIFICALLY RELATED OF A SINGLE INJURY OF .

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**
- X **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**
- X **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE** *THE JOURNAL OF BONE AND JOINT SURGERY AND ORTHOPAEDIC KNOWLEDGE UPDATES*
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**