

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

Notice of Independent Review Decision

DATE OF REVIEW:
MAY 9, 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

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

- Review, 03/26/07
- Review, Dr., 04/06/07
- Case note
- Left knee MRI, 06/13/06
- Office notes Dr., 06/21/06, 08/10/06, 09/05/06, 12/26/06, 01/31/07 and 03/19/07
- Left knee x-ray, 06/21/06, 07/05/06
- Laboratories, Electrocardiography and chest x-ray, 06/21/06
- Operative report, 06/28/06

- Therapy note, 07/14/06, 07/24/06
- Note, PAC/Dr., 11/27/06
- Laboratory studies, 01/23/07 and 03/28/07
- Left knee MRI without contrast, 03/05/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient is a female greeter who sustained a left knee twisting injury on xx/xx/xx. A left knee MRI performed on 06/13/06 demonstrated a posterior horn medial meniscus tear and moderate patellofemoral chondromalacia. Physical examination noted a positive. Radiographs from 06/21/06 indicated mild to moderate degenerative changes. She underwent arthroscopy on 06/28/06 for partial medial and lateral meniscectomies, chondroplasty, abrasion arthroplasty of the medial femoral condyle, removal of loose body and lateral retinacular release. Intra-operative findings included grade III damage to the trochlea and a central area of full thickness loss in the medial femoral condyle. Radiographs done on 07/05/06 failed to note any fracture or loose body. She attended postoperative physical therapy with slow improvement of an extensor lag with associated quadriceps atrophy. She required a cane for ambulation. A transcutaneous electrical stimulation unit, anti-inflammatories and a knee brace were utilized. A cortisone injection was administered on 09/05/06. She has continued to report activity related pain and swelling that has prevented a return to work. Visco supplementation was discussed, but there was no documentation provided indicating the injections were done. A repeat MRI completed on 03/05/07 noted recurrent medial and lateral meniscus tears, subchondral bony edema with depression on the medial femoral condyle and patellar tendinitis. Repeat arthroscopy has been recommended.

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

The Patient is a woman who has had a previous left knee injury and underwent a xx/xx/xx left knee arthroscopy. The operative report describes significant degenerative changes as well as meniscal tearing and the report describes what occurred at the time of surgery in terms of debridement and meniscal resection. Post-operatively, she has had physical therapy, activity modification, injections and anti-inflammatory medication and continued to have ongoing complaints. She has undergone another MRI on 03/05/07 documenting degenerative changes and what may be a recurrent meniscal tear. She continues to have ongoing mechanical complaints and lack of improvement with what appears to be appropriate conservative treatment.

There are times when a physician has to go back in and do a repeat arthroscopy in an attempt to make an anatomic diagnosis and make sure the patient's ongoing symptoms are only coming from arthritis and not from a small recurrent meniscal tear. The Reviewer reviewed all of the medical records of Dr. and believes they show a good thought process and Doctor has documented his discussions with the patient and his thoughts in terms of possible improvement with conservative versus operative care. The Reviewer believes Dr. clearly understands the difference between a person who may in fact have ongoing anatomic abnormality versus someone who just complains of pain in the postoperative time frame and based on the medical records the Reviewer reviewed the discussion Dr. has had with the patient as well as his description of her physical findings and his thought process, the Reviewer believes that the left knee arthroscopy is

medically necessary and reasonable at this time in an attempt to make an absolute anatomic diagnosis and come up with a long term treatment plan.

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**
 - Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 667
 - Failure of conservative care: physical therapy, medications, activity modifications.
 - Subjective findings: pain, swelling, giving way, locking, clicking, popping.
 - Objective findings: positive McMurray's, joint line tenderness, effusion, limited motion, locking, clicking, popping, crepitus
 - Meniscal tear on MRI
- 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)**