



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 11/02/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left knee scope chondroplasty.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas License

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Progress notes, M.D., 06/15/07.
2. Progress notes, M.D., 06/27/07.
3. MRI left knee without contrast, 06/25/07.
4. Orthopedics, 08/22/07.
5. Preauthorization request, 09/13/07.
6. Denials, 08/31/07, 09/11/07.
7. ***Official Disability Guidelines*** included.

**PATIENT CLINICAL HISTORY (SUMMARY)**

The employee was injured on xx/xx/xx while employed as a plumber.

The employee underwent an arthroscopic partial medial and lateral meniscectomy by Dr. The knee pain, swelling, and popping continued, and in 2004 he had a repeat arthroscopic partial meniscectomy, medial and lateral, as well as retropatellar chondroplasty. The employee was never pain free.

The employee returned to work in 2005, but he still experienced pain in the knee. He has always had crepitus on active extension of the knees since xxxx.

The employee experienced a new incident in xx/xx/xx. He stood up from a squatting position and heard and felt a snap in the left knee with immediate sharp pain. The knee began swelling.

Dr. examined the employee at Centers on 06/15/07. Dr. reported an examination that included positive crepitus on active extension consistent with chondromalacia. McMurray's was negative and there was no locking or popping. The knee joint was stable. There was a small effusion with no medial or lateral laxity. Dr. diagnosed the derangement and chondromalacia and prescribed a knee brace and medication. The employee was also placed on light duty at work.

An MRI of the left knee was performed on 06/25/07 and reported degenerative changes in the medial and lateral menisci with no acute tears. There was mild osteoarthritis of the medial femoral tibial compartment and medial scarring/edema within Hoffa's fat pad.

A PA associated with Dr., performed an orthopedic examination on 08/22/07. Mr. recommended an arthroscopic debridement and chondroplasty.

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

The request for surgery is not certified. This employee does not meet **Official Disability Guidelines** indications for surgery on the knee. The diagnosis is clearly chondromalacia patella as evidence by the crepitus, night pain, and stair pain. Although the patella is strangely not mentioned on the MRI, clearly one would have to agree with the PA diagnosis of patellofemoral dysfunction. **Official Disability Guidelines** recommend conservative care with physical therapy prior to any consideration of surgery. As per the medical records submitted, this employee has not received any physical therapy and has not had any injections. Injections of steroid and/or hyaluronic acid should also be considered prior to any consideration for surgery. The medical records do not contain any evidence of atrophy in the thigh that would indicate internal derangement. The clinical evaluation and the history clearly indicate chondromalacia. **Official Disability Guidelines** would not recommend surgery in this case prior to conservative care as outlined above.

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

***Official Disability Guidelines***