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Notice of Independent Review Decision

DATE OF REVIEW: November 1, 2007

IRO CASE #:

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

This case was reviewed by an orthopedist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy and debridement chondromalacia

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o August 27, 2007 through October 12, 2007 chart notes from, M.D.
- o September 6, 2007 right knee MRI report by, M.D.
- o September 26, 2007 peer review report
- o September 17, 2007 peer review report
- o August 16, 2007 initial evaluation report by , D.C.
- o August 15, 2007 x-ray report of the spine, knees, and wrists by , M.D.
- o August 17, 2007 left knee MRI report by , M.D.
- o September 10, 2007 through October 3, 2007 daily notes from an unspecified provider
- o September 6, 2007 follow-up note by , M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient is a xx year old female who sustained an industrial injury on xx/xx/xx involving the knees and lumbar spine. A left knee arthroscopy and debridement had been requested and was initially reviewed on September 17, 2007. The peer review report states that the patient reportedly fell directly on both knees on the date of injury. The left knee MRI revealed minimal physiological joint effusion and grade 3-4 chondromalacia at the patellofemoral joint with marked reduction in space. The patient had some physical therapy in the past as well. The peer-review physician rendered a non-certification because it had only been four weeks since the date of injury and the claimant had had minimal conservative care. In addition, there were no mechanical symptoms noted at the time.

The case was again reviewed on September 26, 2007 and again non-certified. The reviewer stated that he spoke with the requesting physician and the physician stated that the MRIs showed chondromalacia. The claimant was treated by a chiropractor, but there was no documentation of the records of the response to physical therapy, although the physician believes that the chiropractor performed physical therapy. The physician also stated that there is no documentation of nonsteroidal anti-inflammatory medication use or cortisone injections as a diagnostic potentially therapeutic modality. A non-certification was rendered because the reviewing physician did not feel the patient has yet failed conservative measures and the patient's doctor agreed to look into this and ensure that the claimant is provided a full course of conservative treatment with physical therapy,

anti-inflammatory medications, and consideration of cortisone injection.

In reviewing the supplied medical records, although the provider is not specified, there are notes that appear to be physical therapy chart notes dated September 10, 2007 through October 3, 2007. According to these documents, the patient was treated nine times with therapeutic exercise and neuromuscular reeducation. The October 3, 2007 chart note lists a pain level of 6/10 reported by the patient. It should be noted that in reviewing these chart notes, many of the exercises were not knee specific and included abdominal exercises, upper extremity strengthening, chest presses, stabilization, and treadmill.

Knee x-rays were obtained on August 15, 2007 and the report states that the left knee shows no severe joint space narrowing, osteophyte formation, or fracture. A left knee MRI was performed on August 17, 2007 with an impression of grade 3-4 chondromalacia at the patellofemoral joint with marked reduction in joint space, mild cartilage fissuring noted along the posterolateral aspect of the tibial condyle, and minimal physiological joint effusion.

The most recent chart note, dated October 12, 2007, states that the patient continues to have severe symptoms and cannot walk without use of a cane. She is unable to drive because of pain in her leg and is using a knee brace. She takes nonsteroidal anti-inflammatories of Advil. The patient reported that she has been advised by the peer review letter to have an injection of cortisone into the knee. She wishes it documented that she has continued to attend physical therapy. A review of chart notes indicates that the patient has had left knee physical examination findings of crepitus on motion, no ligamentous laxity, tenderness about the patella, difficulty with full extension, and pain with terminal extension.

The October 12, 2007 chart note states that the patient's left knee was injected with 80 mg of Depo-Medrol. She was to be rechecked in two weeks to follow the effectiveness of the injection as well as continue therapy with the use of nonsteroidal anti-inflammatories of Advil.

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

As noted below, the Official Disability Guidelines recommend failure of conservative management in the form of medications or physical therapy prior to consideration for diagnostic arthroscopy or chondroplasty. Medical records document that the patient has had nine physical therapy visits. However these have largely focused on therapeutic exercise and neuromuscular reeducation not specific to her left knee injury. This cannot be considered a complete course of conservative physical therapy for her left knee. In addition, the medical records first document the use of nonsteroidal anti-inflammatory medications following the previous peer review reports on October 12, 2007. The records fail to document how long the patient has taken Advil. The October 12, 2007 report states that the patient was injected with Depo-Medrol and she was to continue Advil for two weeks. The records fail to document the outcome of the injection and the trial of nonsteroidal anti-inflammatory medication over those two weeks. Given that the results of the patient's course of medication, injection, and/or physical therapy has not been documented, my recommendation is to uphold the determination to non-certify the request for left knee arthroscopy and debridement chondromalacia.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines (2007), diagnostic arthroscopy recommended as indicated below.

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.

Official Disability Guidelines (2007), chondroplasty recommended as indicated below.

ODG Indications for Surgery -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface):

1. Conservative Care: Medication. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS
3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion.