



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 10/09/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with medial meniscectomy

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

Board Certified in Orthopedic Surgery

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.

Left knee arthroscopy with medial meniscectomy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated xx/xx/xx

An evaluation with M.D. dated 05/23/07
A DWC-73 form from Dr. dated 05/23/07
X-rays of the right shoulder and left knee interpreted by M.D. dated 05/23/07
Evaluations with D.O. dated 05/31/07 and 06/06/07
A Notice of Initial Contact form from TDI dated 05/31/07
A DWC-73 form from Dr. dated 05/31/07
An evaluation and DWC-73 form from dated 06/04/07
An MRI of the left knee interpreted by M.D. dated 06/06/07
A prescription from Dr. dated 06/08/07
DWC-73 forms from Dr. dated 06/08/07, 07/23/07, and 08/10/07
A PLN-11 form from the insurance carrier dated 06/13/07
Occupational/physical therapy notes with an unknown therapist (the signature was illegible) dated 06/18/07, 06/28/07, 07/03/07, and 07/06/07
An evaluation with the unknown physical therapist dated 06/18/07
A letter of approval from , according to the ODG, dated 06/22/07
An evaluation with an unknown provider (the signature was illegible) on 07/01/07
Patient information forms dated 07/01/07 and 08/05/07
A physical therapy reevaluation with the unknown therapist dated 07/13/07
A physical therapy prescription from Dr. dated 07/27/07
An evaluation with another unknown provider on 08/05/07
X-rays of the left knee interpreted by M.D. dated 08/05/07
An excuse slip from Dr. dated 08/08/07
An evaluation with Dr. dated 08/10/07
Letters of denial from according to the ODG, dated 08/28/07, 09/04/07, and 09/11/07
Preauthorization requests from Dr. dated 08/28/07 and 08/30/07
A letter of denial from, M.D., according to the ODG, dated 09/10/07

PATIENT CLINICAL HISTORY

An Employer's First Report of Injury or Illness form on xx/xx/xx indicated the claimant was injured on xx/xx/xx when she slipped and fell on the floor and injured her knee. On 05/23/07, Dr. recommended Tylenol and Napropac. X-rays of the right shoulder and left knee interpreted by Dr. on 05/23/07 revealed only slight loss of joint space in the medial compartment and minimal patellar osteophytes in the left knee. On 05/31/07, Dr. prescribed Lortab. On 06/06/07, Dr. prescribed Norco and Skelaxin. An MRI of the left knee interpreted by Dr. on 06/06/07 revealed osteoarthritis and a Baker's cyst. On 06/13/07, the insurance carrier disputed the compensability and disability of the left knee osteoarthritis. Occupational therapy was performed with the unknown therapist on 06/18/07, 06/28/07, 07/03/07, and 07/06/07. On 06/22/07, wrote a letter of authorization for physical therapy. X-rays of the left knee interpreted by Dr. on 08/05/07 revealed degenerative changes in the medial aspect. On 08/28/07, 09/04/07, and 09/11/07 wrote letters of denial for left knee surgery. On 08/28/07 and 08/30/07, Dr. wrote letters of preauthorization request for knee surgery. On 09/10/07, Dr. wrote a letter of denial for left knee surgery.

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

At this particular time, I am in agreement with the denials. There is no indication of any acute pathology. There was minimal effusion noted in the MRI scan and no other soft tissue findings that would warrant an arthroscopic procedure for even an acute-on-chronic situation. This appears to be all chronic. There is a knee contusion only, possibly a mild knee sprain, but even the knee sprain is somewhat pushing the diagnostic limits as there does not appear to be any of these findings recorded on the MRI report. Therefore, I do not believe that arthroscopic treatment would provide any substantial benefit, particularly any long term benefit for an osteoarthritic knee with considerable joint space narrowing, medial compartment arthrosis, and osteophyte formation. Therefore, the requested left knee arthroscopy with medial meniscectomy would not be reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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

- 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)**