



Notice of Independent Review Decision

DATE OF REVIEW: 10/26/07

AMENDED DATE: 11/5/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for right knee scope with meniscectomy.

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

Texas Licensed Orthopedic Surgery M.D.

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)

The previously denied request for right knee scope with meniscectomy.

Injury Date	Claim #	Review Type	Begin Date	End Date	ICD-9/DSMV	HCPCS/NDC	Billing Modifiers	Service Units	Upheld / Overturned
		Prospective			836.0	29881			Upheld
		Prospective			836.0	298880			upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax Cover Sheet dated 10/24/07, 10/3/07, 10/1/07.
2. Notice to dated 10/21/07.
3. Confirmation of Receipt of Request for a Review dated 9/28/07.
4. Company Submitting Patient Information dated 9/27/07.

5. **Request for a Review by Independent Review Organization dated 9/26/07.**
6. **Utilization Review Findings dated 8/30/07, 7/26/07.**
7. **Attachment Cover Sheet Response to Disputed Services dated 10/3/07.**
8. **Report of Medical Evaluation dated 7/15/05.**
9. **Treating Doctor Maximum Medical Improvement Impairment Rating dated 7/8/05.**
10. **Work Status Report dated 5/30/07.**
11. **Right Knee MRI dated 6/17/06.**
12. **Evaluation dated 7/11/07, 5/30/07, 4/25/07, 1/23/07, 1/3/07, 11/22/06, 8/30/06.**
13. **E-Mail dated 10/23/07.**
14. **Provider Received Denial (unspecified date).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx years

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Fall

Diagnosis: Tear medial meniscus and chondromalacia patella.

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

This is a xx-year-old now retired female who sustained bilateral work related knee injuries when she fell on both knees, on xx/xx/xx., M.D., orthopedist, initially evaluated the patient on 8/30/06. At that time, she was having increasing knee symptoms since the injury. Prior treatment was by Dr. who had referred the patient. She was on no medications. An examination demonstrated a positive patellar inhibition test bilaterally and patellofemoral crepitus. There was satisfactory range of motion (ROM) and no swelling. Pivot shift test was negative, and McMurray's test was positive on the left only. X-rays were reported to show minimal medial joint space narrowing, and MRI was noted to show medial meniscal tear on the left, bilateral significant (probably grade IV) chondromalacia at the patellofemoral joint bilaterally. Dr. diagnosis was tear medial meniscus and chondromalacia patella. Treatment recommendations included exercises and aspirin. On 11/22/06, the patient was scheduled for a left knee arthroscopy and meniscectomy. On 1/23/07, the patient was given a diagnosis of tear in the medial and lateral meniscus, and knee arthroscopy was recommended bilaterally, doing the left knee first. The patient continued to be treated by Dr. every 2-3 months. An MRI of the right knee, on 8/20/06, demonstrated a partially ruptured Baker's cyst, minimal joint effusion, a 7 mm full-thickness cartilage deficit of the lateral trochlear groove, and a probable enchondroma of the proximal fibula (unrelated to the injury). The most recent note was from 7/11/07. At that time, the knee examination showed pain in the medial joint line of the right knee. No instability was noted, and the patient had a positive McMurray's test (side(s) not specified). The patient was diagnosed with a medial meniscal tear of the right knee, and arthroscopic surgery was recommended because of continuing pain. The right knee MRI report from 8/2/06 stated, "The medial and lateral menisci are intact." The Official Disabilities Guidelines 2007 (ODG) state the following indications for meniscectomy: 1. Conservative care, plus 2. Subjective clinical findings - joint pain or

swelling or feeling of give way or locking, clicking or popping, plus 3. Objective clinical findings: positive McMurray's sign, or joint line tenderness or effusion, or limited ROM, or locking or crepitus plus 4. Imaging clinical findings: Meniscal tear on MRI (not required for locked/blocked knee). The current request is to determine the medical appropriateness of the previously denied request for right knee scope with meniscectomy. As noted above, the right knee MRI did not demonstrate meniscal tear. In light of this, the request for this surgery does not meet the ODG criterion number 4, as the knee was not blocked/locked, and there was no MRI evidence of meniscal tear. The requested surgery is, therefore, deemed medically unnecessary.

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.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
