

P&S Network, Inc.

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DATE OF REVIEW: October 12, 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

Right knee arthroscopy

REVIEW OUTCOME

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

Overtured (Disagree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o September 5, 2007 utilization review report from
- o September 25, 2007 utilization review report from
- o October 4, 2007 letter from at
- o September 18, 2007 fax cover sheet from M.D.
- o May 7, 2007, 2006 through September 14, 2007 chart notes from, M.D.
- o May 10, 2007 right knee MRI report by, M.D.
- o November 7, 2006 MRI report by M.D.
- o January 9, 2007 operative report for by, M.D.
- o April 18, 2007 psychotherapy treatment progress note by, LPC, M.A.
- o March 29, 2007 report by M.D.

CLINICAL HISTORY SUMMARY

According to the medical records, the patient is a xx year-old female security guard who sustained an industrial injury on XX/XX/XX. She reportedly stepped in a shallow hole twisting her right knee. According to a utilization review report, dated September 5, 2007, she underwent right medial and lateral meniscectomy in January 2007. She completed 18 sessions of postoperative physical therapy and individual psychotherapy, as well as 10 sessions of chronic pain management. Additional pain management was denied. A non-certification was rendered for this request for the following reasons. The reviewer stated that the May 1, 2007 MRI reportedly shows no evidence of tear in the meniscus, but degenerative signal. The reviewer stated that adequate information had not been received to make the certification and a peer-to-peer telephone conference was unable to be set up. The report states that there is a need for current medical records with full and detailed orthopedic exam as well as operative and diagnostic report such as MRI. The rationale for the current request should be made available given reported grade 3 chondromalacia according to the reviewing physician.

The request was again reviewed on September 25, 2007 and non-certified. This report states that the requesting physician has noted tricompartmental chondromalacia with grade 3 in the weight-bearing portion of the medial femoral condyle. The reviewer cited the Official Disability Guidelines. He stated that clarification is needed regarding clinical indications to pursue the procedure.

The patient underwent an MRI in November 2006 which showed a medial meniscal tear. As noted above, she subsequently underwent right medial and lateral meniscectomy in January 2007 with excision of loose body. Another MRI was performed on May 10, 2007 with an impression of myxoid degenerative signal in the menisci without evidence for tear, no significant joint effusion, and a mild degree of approximately grade 2 tricompartment chondromalacia suggested. This may approach a grade 3 in the weight-bearing portion of the medial femoral condyle, but no subchondral edema or cystic change was noted.

An August 29, 2007 report states that the patient has been in pain management and has found no relief with either her course of physical therapy or the pain management program. She continues to have significant pain, mostly around the patella. She has obtained compression stockings. Examination findings included ambulation without crutches or cane, wearing support hose, no calf tenderness or ankle edema, pain with palpation around the patella, minimal crepitus with motion, and increased pain with weight-bearing and attempting to squat. The report states that the patient was advised that there may be some pathology that was missed on the previous MRI scan and she was encouraged to go ahead with the right knee examination under anesthesia, arthroscopy for diagnostic purposes, as well as correction of internal derangement of the same setting.

Chart notes from September 14, 2007 states that the patient notes swelling with prolonged standing and no improvement in symptoms. Examination findings included ambulation without crutches or a cane, wearing support hose, no calf tenderness or ankle edema, pain with palpation around the patella, crepitus with motion, and pain increased with weight-bearing and attempting to squat.

ANALYSIS AND EXPLANATION OF DECISION

As noted below, the Official Disability Guidelines state that criteria for diagnostic arthroscopy include failure of conservative care, pain in functional limitations continuing despite conservative care, and inconclusive imaging. The patient meets these criteria as she has undergone extensive postoperative treatment in the form of physical therapy and a pain management program. She has continued swelling and pain increased with weight-bearing and attempting to squat. The MRI from May 2007 was performed with a weak open magnet and was not enhanced. The MRI findings are inconclusive and I agree with the requesting physician that proceeding with surgical intervention is appropriate. Therefore, my determination is to overturn the non-certification of knee arthroscopy.

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
- 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 is 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.
- (Washington, 2003) (Lee, 2004)