

# **I-Decisions Inc.**

*An Independent Review Organization*

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**DATE OF REVIEW:** OCTOBER 15, 2007

**IRO CASE #:**

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

Right knee arthroscopic evaluation and arthroplasty

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

M.D., Board Certified Orthopedic Surgeon

## **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)

Based on the information provided for review the claimant does not meet the criteria for right knee diagnostic arthroscopy and arthroplasty.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Peer review, Dr., 11/26/06

Denial Letters with ODG Guidelines 9/10/07, 9/20/07

MRI, 12/04/06

Office note, Dr., 03/05/07

Signed copy of previous visit, 03/06/07

Impairment and maximum medical improvement note, Dr., 03/15/07

Previous Peer Reviews 3/27/07, 4/3/07

Independent Medical Evaluation, Dr., 05/11/07

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx-year-old male, employed as a , who reported an onset of right knee pain and give away when stepping down from his truck on xx/xx/xx. The claimant was seen in the emergency room and reportedly, x-rays noted degenerative changes mostly in the medial meniscus. MRI on 12/04/06 noted no obvious meniscal tear, minimal effusion and intra substance changes in the posterior horn of the medial meniscus. Right knee pain persisted. An independent medial evaluation on 05/11/07 noted pain in the lateral aspect and back of the knee. Flexion was to 140 degrees and extension was minus 15 degrees. There was no evidence of instability. The impression was right knee sprain, early osteoarthritis and rule out meniscal tear. Right knee arthroscopic evaluation and arthroplasty was proposed.

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

I agree with the determination of the insurance carrier in this case.

The claimant apparently sustained an injury to his right knee one year ago. His course of treatment since the injury date is not clearly documented. There is no documentation of any conservative care measures including activity modification, anti –inflammatory medications, and therapeutic exercise. There was no evidence of meniscal pathology on MRI. The records noted findings of early degenerative changes on the initial emergency room films but no recent imaging was provided to determine the extent of degenerative change .The most recent clinical note is from five months ago. The claimant's current functional status is not known. Based in the information provided for review the claimant does not meet the criteria according to Official Disability Guidelines for diagnostic arthroscopy and arthroplasty and the request for right knee arthroscopic evaluation and arthroplasty is not recommended as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Knee and leg  
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

ODG Indications for Surgery™ -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement is indicated. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

1. Conservative Care: Medications. OR Visco supplementation injections. OR Steroid injection. PLUS

2. Subjective Clinical Findings: Limited range of motion. OR Night-time joint pain. OR No pain relief with conservative care. PLUS
3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35. PLUS
4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy.
5. (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)

**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

**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**