

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW: SEPTEMBER 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee arthroscopy with partial meniscectomy

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notes, 08/09/06, 09/07/06, 09/18/06, 09/25/06, 10/09/06, 11/13/06, 01/22/07, 03/12/07, 04/16/07

Right knee MRI with and without contrast, 11/02/06

Office notes, Dr. 12/11/06, 06/18/07 and 07/30/07

Phone call noted, 04/17/07

notice of determination, 05/31/07 and 07/05/07

Review, 08/08/07

No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female who tripped and fell on xx/xx/xx, injuring her right knee and right shoulder. She reportedly underwent several right shoulder surgical procedures for a torn rotator cuff. An MRI of the right knee on 11/02/06 showed a torn medial meniscus and bone bruising. The claimant failed conservative therapy including physical therapy, medications, activity modification, bracing and assistive ambulation. She complained of continued right knee pain with weakness and episodes of giving way. Examination findings included positive Apley's test, tenderness at the medial joint line

and negative Lachman's test. A request was made for authorization of a right knee arthroscopy and partial meniscectomy.

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

This is a xx-year-old female who is status post right knee arthroscopy in 2006 and notably on xx/xx/xx she tripped over an air hose and injured her right knee and right shoulder. An MRI on 11/02/06 demonstrated that she had a medial meniscus tear with meniscus capsular cyst. There is evidence of subchondral and subcortical edema in the medial femoral condyle and medial tibial plateau. Prior to documentation on 10/16/06, the right knee was noted to have popping, locking, catching and tenderness in the medial joint line with mild to moderate effusion. Most recently on 07/30/07 knee pain was documented and an effusion was documented. Based upon mechanical symptoms available for my review, the abatement of edema in evaluation of treatment of this, the Reviewer's medical assessment is that it is reasonable to proceed with arthroscopy at this present time. There certainly has not been evidence of physical therapy. It is difficult to ascertain how much activity modification has occurred, or what medications have been provided as there has been a synchronous injury to her shoulder, for which she underwent shoulder surgery as well as likely medicine has been playing a part. It is likely that they are actively treating the knee as well as the shoulder at the same time. The claimant does have effusion and a sense of instability, locking and popping. There is objective tenderness over the medial joint line and a positive Apley's compression test. The advanced imaging demonstrate the meniscus tear on the MRI. Based on all of these criteria, the Reviewer's medical assessment is that the arthroscopic partial meniscectomy is reasonable and medically necessary.

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates: Knee - Meniscectomy

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair:

1. **Conservative Care:** (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. 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 range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
4. **Imaging Clinical Findings:** (Not required for locked/blocked knee.) Meniscal tear on MRI

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)**