

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: September 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral Knee Scope with Debridement 29877 OP SX, outpatient surgery to be done at Baylor Surgical Hospital of Fort Worth

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr. 07/10/00, 08/08/00, 08/09/00, 09/06/00, 10/09/00, 08/08/03, 02/21/05, 06/19/07 and 07/13/07

Notes, 12/13/00, 05/11/01, 12/05/01, 12/14/01, 03/29/02, 04/02/02, 07/26/02, 01/02/03, 02/06/04, 07/16/04, 01/28/05, 02/07/05, 02/21/05, 05/10/05, 06/22/05, 08/22/05, 11/16/05, 02/10/06, 05/31/06, 08/30/06, 09/01/06, 12/12/06, 12/19/06, 02/08/07 and 03/09/07

Operative notes, 11/16/01, 02/25/02

Letter, Dr. 07/23/07, 07/10/00

Office note, Dr. 07/30/07

Office note, Dr. 08/13/07

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates, Knee

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who was status post renal transplant status post right total knee arthroplasty 2000 and left total knee replacement 1997. The claimant began treating with Dr. in July 2000 for complaints of persistent knee pain and discomfort. X-rays at that time showed no loosening. Norco, Celebrex and staying active was recommended. Dr. recommended off work and aquatics in October 2000. On 03/29/02, a left knee injection was performed by an unknown physician. On 07/26/02, a follow up visit with an unknown provider documented 75 percent relief for a couple of hours then the pain returned. A left knee scope was recommended. Work restrictions were recommended on 07/16/04. Dr. saw the claimant on 02/21/05 for bilateral knee pain. Examination revealed tenderness to the medial joint line left knee and to the patella femoral facet. Range of motion was 0 to 125 degrees. The right knee range of motion was 0 to 137 degrees. X-rays of the bilateral knees showed status post replacement bilaterally and no loosening about implants.

Aquatic therapy was recommended on 05/10/05. On 05/31/06, it was noted that the treating physician was awaiting medical clearance for the arthroscopy. On 09/01/06, the claimant was seen for her bilateral knees. Bilateral knee range of motion was from 1 to 130 degrees. There was medial tenderness and increased/posterior laxity. X-rays that day showed no loosening. On 12/19/06, the claimant was seen by an unknown provider and refused an injection. Physical therapy was recommended. The claimant was seen again by an unknown provider for persistent pain, mostly medially. The claimant noted that physical therapy was mildly helpful. The medial compartment was tender. The plan was to avoid anti-inflammatory medications.

The claimant saw Dr. on 03/09/07, 06/19/07, on 07/13/07. Dr. authored a 07/30/07 letter documenting that the claimant has had pain since her joint replacements which has been treated with physical therapy and steroids with short term relief. Physical examination revealed patellofemoral pain, anterior snapping of the femoral condyles with range of motion. X-rays showed no evidence of lucency or problems with her implants. Impression was intra articular scarring status post bilateral total knee replacements. Dr. noted that the claimant has been treated with only medications approved by her Nephrologist with no significant improvement.

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

Bilateral knee arthroscopy with debridement after knee replacement would not appear to be medically necessary for the claimant. The patient appears to have chronic discomfort in both of her knees with intermittent mechanical symptoms. The claimant underwent a

left knee replacement in 1997 and a right knee replacement in 2000. It is unclear why the claimant would suddenly have scar tissue causing mechanical symptoms at seven and ten years after the primary procedures. Though anterior impingement from scar tissue may occasionally be symptomatic postoperatively, this is not something that would occur at seven and ten years after surgery. It is doubtful, therefore, that any type of arthroscopic surgery would be beneficial for the claimant given the medical information provided.

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates, Knee

Recommended as indicated below.

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface):

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
- 3. Objective Clinical Findings:** Effusion. OR Crepitus. OR Limited range of motion

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)**