



Notice of Independent Review Decision

DATE OF REVIEW: 8/7/08

IRO CASE #: NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for arthroscopy, right knee meniscectomy and/or meniscal repair, synovectomy and possible platelet gel graft.

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

Texas licensed 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.

The previously denied request for arthroscopy, right knee meniscectomy and/or meniscal repair, synovectomy and possible platelet gel graft.

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years
Gender: Female
Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall.

Diagnosis: Back strain and chondral injury of the right knee.

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

The claimant is a xx-year-old female employed in xxxx who reportedly sustained injuries in a fall onxx/xx/xx. The initial diagnoses were cervical, dorsal and lumbar strain and bilateral knee contusions. Her medical history was positive for smoking and a previous right knee arthroscopy on 10/16/07, with chondroplasty of the right medial femoral condyle and patella articular surface. The records reviewed indicated the claimant had resolution of symptoms in July of 2007 and returned to full duty work status. An MRI of the right knee on 03/12/08, revealed severe joint space narrowing in the medial compartment, prominent edema in medial femoral condyle, opposing edema in the medial tibial plateau and severe cartilaginous thinning with bone on bone appearance in the medial compartment. There was displacement of the anterior horn, mild medial capsulitis and thinning of the articular patella cartilage. Office records provided by the treating physician were not legible. On 06/25/08, the impression was right knee pain, posttraumatic arthropathy and anterior cruciate ligament (ACL) laxity. Right knee arthroscopy was requested and non-certified on two separate occasions. The request was re-submitted for review. Having reviewed this case, this reviewer would agree with the adverse determination. This unfortunate young claimant has severe degenerative changes. This condition is not amenable to arthroscopic intervention.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines Treatment in Worker’s Comp 2008 Updates, Knee and Leg Recommended as indicated below. Meniscectomy is a surgical procedure associated with a high risk of knee osteoarthritis (OA). One study concludes that the long-term outcome of meniscal injury and surgery appears to be determined largely by the type of meniscal tear, and that a partial meniscectomy may have better long-term results than a subtotal meniscectomy for a degenerative tear. (Englund, 2001) Another study concludes that partial meniscectomy may allow a slightly enhanced recovery rate as well as a potentially improved overall functional outcome including better knee stability in the long term compared with total meniscectomy. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery will not be as beneficial for older patients who are exhibiting signs of degenerative changes, possibly indicating osteoarthritis, and meniscectomy will not improve the OA. Arthroscopic debridement of meniscus tears and knees with low-grade osteoarthritis may have some utility, but it should not be used as a routine treatment for all patients with knee osteoarthritis. (Siparsky, 2007) ODG Indications for Surgeryä -- 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. (Washington, 2003).

- 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).