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Notice of Independent Review Decision

DATE OF REVIEW: 08/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee arthroscopy synovectomy

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

Board Certified in Orthopedic Surgery

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.

Right knee arthroscopy synovectomy - Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury to his right knee after stepping in a hole and twisted his knee, having immediate pain and swelling. An MRI was performed and he subsequently underwent surgery. He also underwent physical therapy and an ACL reconstruction. His most recent medications include Norval and Benzapril.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE

CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The criteria set forth in the **ODG** for arthroscopy and synovectomy do not presuppose that the patient had a total knee replacement. This medical history is complex, with the patient evidently undergoing an ACL reconstruction that was unsuccessful and complicated by arthrofibrosis. Due to continued pain, the patient also underwent a total knee arthroplasty, but he still has had continued pain. According to the American Academy of Orthopedic Surgeons, **Orthopedic Knowledge Update-Knee and Hip**, postoperative pain after a total knee replacement is sometimes best treated with arthroscopy to debride the scar tissue and synovial tissue. This will allow a higher range of motion and should decrease the amount of pain. Although the **ODG** does not cover this criterion, medical literature does. Therefore, the right knee arthroscopy and synovectomy is medically reasonable and necessary, and causally related to the total knee replacement that appears to have been performed for the occupational injury.

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)**