Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/4/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Arthroscopy with meniscectomy to left knee 29851, 29881

QUALIFICATIONS OF THE REVIEWER:
This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Arthroscopy with meniscectomy toleft knee 29851, 29881

Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a female who presented with complaints of left knee pain. The injured employee related that she was at work and fell and landed on her knees on xx/xx/xx. She is status post left knee arthroscopy in
6/2006 and then repeat surgery on 6/19/2007. She did not improve after either surgery, and continued to complain of generalized knee pain, primarily medially. Her provider has requested another arthroscopy with meniscectomy to the left knee.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured worker is a female with degenerative changes in her injured knee. She remains symptomatic, despite an extensive arthroscopic procedure on 2/19/2007. The request from Dr. is for a third arthroscopy. The previous denials are supported as this injured employee has degenerative joint disease and arthroscopy with meniscectomy is not indicated.

The ODG criteria for meniscectomy or meniscus repair:

1. Conservative Care: Physical therapy or medication or activity modification PLUS

2. Subjective Clinical Findings: Joint pain or swelling or feeling of giving 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, popping or crepitus PLUS

4. Imaging Clinical Findings: Meniscal tear on MRI

According to the MRI dated 8/22/07 for this injured worker, findings included "medial and patellofemoral joint degenerative changes; plica; no definitive meniscus tear: correlation with previous surgery recommended, as there could be a free edge tear with NO intraarticular displacement versus previous medial meniscetomy."

The injured worker is morbidly obese, which contributes to the degenerative condition. She weighs 235 pounds on one clinic note. She also has decreased joint space, making arthroscopic surgery difficult.

She describes joint line pain, swelling, and no magical symptoms consistent with a meniscus tear such as locking etc. The Disability Evaluation from 12/3/2007 also supports the recommendation that no additional arthroscopy is warranted. The worker had negative McMurray's test and Dr. did not comment in any of the notes about special testing for Meniscal tears. In addition, the injured worker has a history of depression which may affect her outcome.

The request cannot be deemed medically necessary and therefore the previous denial is upheld.

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
X 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
X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Moseley JB, O'Malley K, Petersen NJ, Menke TJ, Brody BA, Kuykendall DH, Hollingsworth JC, Ashton CM, Wray NP.A controlled trial of arthroscopic surgery for osteoarthritis of the knee. N Engl J Med. 2002 Jul 11;347(2):81-8.

Asmundson GJ, Norton GR, Allerdings MD, Norton PJ, Larsen DK. Posttraumatic stress disorder and work-related injury. J Anxiety Disord. 1998 Jan-Feb;12(1):57-69.