



Notice of Independent Review Decision-WCN

DATE OF REVIEW: 12/24/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP Left knee arthroscopy

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

American Board of Orthopaedic Surgery-Board Certified

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

- 7-28-08 , DO., office visit.
- 9-8-08 , DO., office visit.
- 9-29-08 , DO., office visit.

- 9-29-08 MRI of the left knee
- 11-14-08 , DO., office visit.

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records reflect the claimant sustained a work related injury. The claimant was digging with a shovel. Once he was done using it, he took his knee and stuck the shovel back into the ground thinking he would come back and use it later, but unfortunately, he felt severe pain in the left knee.

On 7-28-08, the claimant was referred for an evaluation under the direction of , DO. It is noted that around the first few days of xxxx, the claimant had a work injury where he was digging with a shovel. Once he was done using it, he took his knee and stuck the shovel back into the ground thinking he would come back and use it later, but unfortunately, he felt severe pain in the knee. The claimant reported he felt the knee to be dislocated. The pain was so severe that he could not really weight bear at all and stayed off it for the next several weeks. The claimant has been evaluated with x-rays and MRI. The claimant is now starting to weight bear a little. On exam of the left knee reveals a small effusion present to palpation. Range of motion is -5 degrees to about 130 degrees. There is slight laxity of the MCL, but no laxity of the LCL. Lachman's is negative. Posterior drawer is negative. He is moderately tender to palpation lateral joint line and has a positive patellar grind. X-rays and MRI were reviewed. The evaluator's impression included probable patellar dislocation about 6-7 weeks ago. The evaluator recommended maintaining the claimant in a brace. He suspected it would take a minimum of 6 more weeks of rest and ambulation as tolerated. The claimant would benefit from a consult to physical therapy.

On 9-8-08, the claimant was evaluated by Dr. . The claimant has had about 6 weeks of physical therapy and while doing a little bit better, he is still having significant trouble. He feels like his knee will give way at times. On exam, the claimant lacks about 5-10 degrees of full extension and can only flex to about 105 degrees. He only has a small effusion present. There is tenderness to palpation at the medial and lateral joint line. The MRI was reviewed in detail and it was discussed with the orthopedic surgeon. There is some concern whether he could have a chondral injury. He did have a large bruised area on the lateral femoral condyle and it may just be a lingering bone burse, although the evaluator was concerned that it may be a chondral injury. The evaluator reported the claimant had not significantly improved therefore; it was felt that it was time to look again with another MRI.

On 9-29-08, an MRI of the left knee revealed probable healing of lateral femoral condyle osteochondral fracture, with persistent marrow edema.

On 9-29-08, Dr. reported the claimant was seen for a follow up. He noted that it showed the claimant had large area of bone bruising and probable chondral injury of the lateral femoral condyle. The claimant is ready to consider surgical treatment. The evaluator discussed with the claimant being non-weight bearing until surgery.

On 10-6-08, , MD., performed a Utilization Review. There was a non-certification for the left knee arthroscopy.

On 10-16-08, , MD., performed a Utilization Review. Non-certification was provided for the requested left knee arthroscopy.

On 11-14-08, a follow up with Dr. reports the claimant had severe left knee pain. The surgery was canceled as Workers Comp reported he claimant had full range of motion with no pain, which is not the case. The claimant has very significant pain. He is actually using crutches to ambulate because he cannot weight bear and his knee will give out on him due to pain and instability. There was also some question of whether an injection of some kind. This actually would not be the appropriate treatment. The claimant has an osteochondral fracture that needs to be repaired, particularly at age xx, not simply mask the symptoms with a corticosteroid injection. On exam, the claimant has range of motion from 25 degrees to 90 degrees. Any extension or flexion puts these points elicits remarkable pain. He is also very painful to palpation right at the joint line, medially and laterally, a little bit more laterally. There is no effusion present. The evaluator reported the claimant has an osteochondral fracture identified on both MRI's that have been done. It was his opinion that this type of condition will require surgery.

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

BASED ON THE DOCUMENTATION PROVIDED, THIS CLAIMANT HAS LEFT KNEE PAIN, SWELLING WITH EVIDENCE OF OSTEOCHONDRAL DEFECT. HE HAS FAILED CONSERVATIVE CARE TO INCLUDE NON-WEIGHT BEARING AND PHYSICAL THERAPY. BASED ON CURRENT EVIDENCE-BASED MEDICINE, A LEFT KNEE ARTHROSCOPY IS INDICATED.

ODG-TWC, last update 12-10-08 Occupational Disorders of the Knee and Leg – Chondroplasty: Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. (Kirkley, 2008) See also Meniscectomy.

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.
4. Imaging Clinical Findings: Chondral defect on MRI (Washington, 2003) (Hunt, 2002) (Janecki, 1998)

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)**