



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 02/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Items in dispute: Repeat arthroscopy of the right knee denied by insurance carrier on 01/02/08 and 01/11/08.

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:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records M.D., dated 07/24/07 thru 01/21/08.
2. Physical therapy records dated 09/10/07 thru 10/04/07.
3. Physician advisor determination dated 01/11/08.
4. Physician advisor determination dated 01/28/08.
5. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was a xx years old male who reported to have sustained an injury to his right knee while moving some metal sheets on xx/xx/xx. The sheets were reported to have weighed over 100 pounds each. He felt a popping sensation in his knee and felt that something ripped.

The employee was initially seen by Dr.. He subsequently underwent MRI and arthroscopy of the right knee.

On 07/24/07, the employee was evaluated by Dr.. The employee reported persistent pain in the right knee which was confined to the anterior and medial aspect of the right knee and was aggravated with walking and climbing and manipulating on uneven surfaces. Upon physical examination, the employee was noted to weigh 278 pounds. The left knee revealed scars from previous accidents and surgery but had no symptoms. The right knee revealed no fluid. The portals of arthroscopy were noted. Palpable discomfort in the medial compartment was present and was aggravated with further flexion and rotation of the knee joint. Patellofemoral crepitus was noted upon palpation. The employee seemed to have some anterior laxity, but it could not be demonstrated with pivot shift at that time. Patellar tracking appeared to be normal. There was patellofemoral crepitus and medial peripatellar discomfort on palpation. Range of motion indicated an extension lag of 5 degrees with flexion to 125 degrees. Medial lateral stability was normal. Neurovascular status was normal. Dr. opined that the employee had persistent internal derangement of the right knee. The employee continued under the care of Dr..

A clinical note dated 08/20/07 indicated that the employee had Grade III chondromalacia of the medial femoral condyle and a tear of the posterior medial meniscus. An MRI was reported as showing a sprain of the right knee with joint effusion and slight osteoarthritis, as well as a tear of the posterior horn of the medial meniscus. The knee was aspirated and yielded a cloudy yellow fluid which was sent for pathology. The employee was injected with Xylocaine and Kenalog and referred for MRI of the knee.

A clinical note dated 08/29/07 indicated that the employee underwent a repeat MRI which was reported as showing no gross abnormalities. Upon examination, the employee weighed 278 pounds. He had moderate swelling in the medial compartment of the right knee with pain upon palpation of the medial joint line. The employee had crepitus with active and passive range of motion. Restricted knee flexion with pain beyond 95 degrees was noted. The right knee musculature was weaker than the left. Dr. recommended that the employee undergo a course of physical therapy.

A clinic note dated 09/04/07 indicated that the employee again had significant pain in the right knee. Dr. opined the employee had a recurrent synovitis of the right knee. He was taken off work and recommended to undergo Hyalgan injections.

The employee was seen in follow-up on 10/09/07. At that time, he was reported to be improved after completing a series of Hyalgan injections. His weight was 291 pounds. There was no fluid in the knee at that time. Range of motion revealed a slight extension lag with flexion to 120 degrees. The employee continued to experience continued synovitis and continued pain.

On 11/09/07, Dr. recommended a diagnostic arthroscopy.

On 01/11/08, a physician advisor denied outpatient right knee diagnostic arthroscopy. They reported there was a preponderance of evidence to suggest that the anteromedial symptoms were arthritis related, not mechanical or meniscal. A repeat arthroscopy was unlikely to afford any long-term benefit. The finding was appealed on 01/28/08. The physician advisor again denied the request noting arthroscopic care was not indicated.

A peer-to-peer conversation was completed with Dr. on 01/28/08. Additional clinical notes indicated that the employee currently weighed 301 pounds. He was ambulating with the use of crutches. He had an antalgic gait. He continued to experience tenderness over the medial compartment and was aggravated by flexion and internal rotation. Medial lateral stability and patellofemoral tracking appeared to be normal.

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

I would concur with the two previous physician advisors. The available medical records fail to substantiate that the employee has an operative lesion involving the right knee. The available medical records indicate that the employee has previously undergone arthroscopy with continued symptoms. The records suggest that the employee had a reactive synovitis, which has been treated appropriately with aspiration and corticosteroid injections. The employee has undergone a course of physical therapy and later a course of Synvisc injections with improvement. The records did not include radiographic studies. It was reported that the employee has undergone MRI of the right knee with no gross abnormalities noted. A copy of this report was not included in the review. The employee's serial treatment records indicate that the employee has continued weight gain despite continued problems with the right knee. The employee's weight is now reported to be 301 pounds.

I would concur with the previous reviewers in that there is no evidence of significant pathology either on physical examination or reported imaging studies. The employee has gained 30 pounds over the course of his treatment, and

weight loss does not appear to be eminent. It is unlikely that diagnostic arthroscopy will yield any substantial information, nor will it provide any significant improvement in the employee's condition.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.