True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW: FEBRUARY 6, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medical necessity of outpatient left knee arthroscopy

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:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Office note, Dr., 08/11/06, 09/11/06, 10/02/06, 12/13/06, 02/14/07, 03/21/07, 07/13/07, 08/29/07, 10/17/07, 11/28/07, 01/17/08
MRI left knee, 08/16/06, 02/22/07, 06/15/07
OR note, 09/21/06, 01/17/08
Office note, Dr. 03/29/07
DDE, Dr. 11/27/07
Request for surgery, 12/06/07
Patient Information, 08/11/06, 08/29/07
X-rays, 08/11/06, 09/11/06, 02/14/07
History and Physical, 09/21/06
Dr. 10/23/06, 01/08/07
Lumbar MRI, 02/22/07
Medical Questionnaire/Lumbar Spine exam undated
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a history of left knee pain without history of an injury. He was taken to the operating room and on 09/21/06 the claimant had a left knee arthroscopy with partial medial meniscectomy. There was Grade I patellofemoral change, Grade I lateral femoral condyle change and Grade II change of the medial femoral condyle. He had persistent knee pain and the 02/22/07 MRI of the left knee showed a recurrent tear of the posterior of the posterior medial meniscus and a small effusion, Baker's cyst and a medial collateral ligament strain. The claimant did recover and returned to work.

On 06/15/07 the MRI of the left knee showed truncation of the medial meniscus with previous subtotal meniscectomy; when compared to previous exam the remnant appeared similar. There was moderate effusion and bone marrow edema consistent with contusion, grade II chondromalacia of the medial compartment and a medial collateral ligament sprain.

Dr. saw the claimant on 07/13/07 noting the claimant had a twisting injury to the knee. There was no instability and he had pain in the medial tibial plateau. Dr. noted there was some joint line pain but felt he had more of a ligament injury and treated him with a brace and work restrictions. On the 10/17/07 visit Dr. noted the claimant had some slight improvement. On that examination there was some instability with valgus stressing. The impression was possible meniscus tear, possible osteoarthritis or possible medial collateral ligament tear. The knee was injected and bracing continued.

A DDE was preformed by Dr. on 11/27/07 and he felt the claimant had reached MMI. On examination there was no swelling. Slight medial opening was noted on valgus. Motion was 0-115 degrees and McMurray and Drawer sign were negative. Dr. requested surgery for a possible medial meniscus tear on 12/06/07. The request was denied on peer review two times but on 01/17/08 a left knee arthroscopy with medial meniscectomy was done. Findings wee Grade I changes of the patellofemoral joint, Grade II changes of the medial femoral condyle and proximal tibial plateau and some recurrent tearing of the medial meniscus. Dr. noted there was "some horizontal cleavage tearing of the medial meniscus in the middle portion and a little posteriorly. This was debrided.

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

This is a male who underwent partial medial meniscectomy and knee arthroscopy noted. After which two MRI's demonstrated recurrent tear of the medial meniscus. Injections, brace immobilization, and exhaustive care was carried out, however in failure of this surgery was then recommended. The 01/17/08 operative note demonstrates left knee arthroscopy with medial meniscectomy with noted grade I changes of the patellofemoral joint, grade II changes of the medial femoral condyle and proximal tibial plateau with recurrent tearing of the medial meniscus.

The arthroscopy appeared to the Reviewer to be done more for diagnostic purposes and the surgery was consistent with ODG guidelines for a diagnostic arthroscopy in terms of failed conservative care, clinical findings, and advanced imaging. The Reviewer's assessment is that the surgery was reasonable and appropriate based on a careful review of all medical records.

Official Disability Guidelines Treatment in Worker's Comp 2008; Knee

ODG Indications for Surgery™ -- Diagnostic arthroscopy:
Criteria for diagnostic arthroscopy:
1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS
3. Imaging Clinical Findings: Imaging is inconclusive.

ODG Indications for Surgery™ -- 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

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)**