

Notice of Independent Review Decision

DATE OF REVIEW:

01/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The request for left knee arthroscopy is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 01/15/08
- MCMC Referral dated 01/15/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 01/14/08
- DWC: Notice To Utilization Review Agent of Assignment dated 01/14/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 01/14/07 (should be '08)
- LHL009: Request For A Review By An Independent Review Organization dated 01/10/08
- Position Statement dated 01/14/07
- Letters dated 12/27/07, 12/11/07 from RN
- D.O.: Medical Necessity report dated 12/27/07
- M.D.: Request For Reconsideration dated 12/24/07
- Dr.: Preauthorization Requests dated 12/24/07, 12/07/07
- M.D.: Medical Necessity report dated 12/11/07
- M.D.: Office visit note dated 11/15/07
- M.D.: Workers Compensation form dated 10/25/07
- Imaging: MRI left knee dated 10/09/07
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained injury to his left knee in a work-related accident. There is no documentation regarding the initial care or treatment. The reported

mechanism of injury was that he stepped into a cart. The bottom of the cart was wooden and broke. His foot went through the bottom. It was reported by the two physician reviewers that denied the procedure that he was initially treated in the Emergency Room. He then underwent chiropractic treatment. A MRI was done on 10/09/2007 at Imaging and was significant for a small chronic osteochondral erosion along the distal femoral trochlear surface. The radiologist suggested that there may be a loose body within the joint however it was not visualized on this study. The other physicians noted that the injured individual was seen by Dr. for a Required medical Exam (RME), but there is no record. They reported he did not feel the proposed surgery was medically indicated and he questioned the issue of causation. The only note that documented an evaluation by the requesting physician, M.D. was dated 11/15/2007. He reported that the injured individual was 5'8" and weighed 210 pounds. His examination was minimal, but noted no effusion, positive medial joint line tenderness, and negative lateral joint line tenderness. It is unclear whether he personally reviewed the MRI, but reported a loose body. There were no plain film x-rays done or reviewed. He did not report on any prior treatment. He recommended arthroscopic removal on that visit. Dr. authored a letter on 12/24/2007 requesting a reconsideration of the denial. He stated that the injured individual had a loose body and the only treatment was removal. M.D. denied the requested procedure on 12/11/2007 and D.O. upheld the denial on reconsideration/appeal on 12/27/2007. Both physicians attempted to make personal telephonic contact with the provider without success. Both reviewers cited the Official Disability Guidelines as the evidence-based source.

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

The injured individual is a male who was reported to have sustained an injury to his left knee when his foot went through the wooden floor of a cart at his place of employment. The medical record is sparse and there is no information regarding the initial evaluation and subsequent care. There is only one office note from the requesting physician. There is no documentation regarding conservative management or clinical response to prior treatment. The MRI does not explicitly show a loose body. It does reveal a chronic osteochondral lesion and evidence of a degenerative process (Baker's cyst). These findings are clearly not related to an acute injury. There is no evidence of meniscus tear, anterior cruciate ligament/posterior cruciate ligament (ACL/PCL) injury or injury to either the medial or lateral collateral ligaments.

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.
([Washington, 2003](#)) ([Lee, 2004](#))

There is no information regarding the failure of conservative care as outlined above. The physical findings reported do not substantiate the functional limitations. There is not a definitive finding of a loose body either on plain film or MRI. The information provided does not substantiate the need for the requested procedure. The request also included possible meniscectomy, chondroplasty, meniscal repair and synovectomy.



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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**