Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

DATE OF REVIEW: 7/21/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29879 - Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture

29880 - Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)

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 and.

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)

29879 - Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture Upheld
29880 - Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a XX year old male whose date of injury is listed as XX/XX/XX. The records indicate that the injured employee underwent left knee surgery on 7/25/2007 at which time the injured employee had subtotal left knee medial and lateral meniscectomies as well as abrasion and arthroplasty of the patella and trochlea. He continued to complain of ongoing left knee pain. An MRI reported evidence for residual/recurrent tear within the posterior horn of the medial and lateral meniscus.

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

The injured employee is a XX year old male with degenerative changes, including thinning of the cartilage and also ACL strain and partial meniscal tears, which are not that uncommon at this age. The injured employee does not complain of locking or blocking of his knee in the clinical notes provided. There are no real complaints of mechanical symptoms. A physical examination noted tenderness along the medial and lateral joint lines-that would be also consistent with degenerative joint disease and a positive McMurray for joint line pain. The injured employee did get relief of his symptoms with the Synvisc injection and never received the full series. The office progress notes of 5/22/08 indicate the injured employee is feeling better since previous office visit. There are currently no standing radiographs, which are needed to asses for degenerative joint disease and even ability to adequately proceed with arthroscopic surgery as the joint space might be severely limited in a patient of this age. In addition, there are no documented reports of recent conservative treatment with physical therapy, which is indicated in ODG guidelines for non-mechanical knee symptoms. At this time, the request is considered not 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
PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)