



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 06/18/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Item in dispute: Left knee arthroscopy with debridement and possible lateral release.

**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

Left knee arthroscopy with debridement and possible release is not medically necessary.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured on xx/xx/xx while working. The employee sustained a direct blow to the lateral aspect of the left knee causing a valgus stress.

The employee was seen in the emergency department where x-rays revealed a laterally displaced patella on the left knee. Emergency department reduction was not possible, and the employee was taken to surgery for a closed reduction. The employee was then placed in a knee immobilizer.

The employee saw Dr. an orthopedic surgeon, on 08/16/07. The employee was treated with physical therapy and gradually improved.

On 11/12/07, Dr. noted an extensor lag of 30 degrees with flexion to 90 degrees.

The employee continued to improve, and Dr. noted on 01/31/08 that she had an extensor lag of 10 degrees with flexion to 130 degrees.

On 05/05/08, Dr. noted no effusion with range of motion from 0 to 130 degrees. An MRI of the left knee had been performed that reported a small linear tear of the posterior horn of the medial meniscus and a small linear tear of the free edge of the lateral meniscus. Dr. noted continued pain and giving way in the left knee. Dr. recommended a diagnostic arthroscopy and a lateral release.

Dr. saw the employee again on 06/09/08 and noted no effusion and normal range of motion from 0 to 130 degrees. The knee was stable with a negative Lachman's and drawer test. It was stable to varus and valgus tests. The patella appeared to track somewhat laterally with mild tilt. Dr. recommended diagnostic arthroscopy with possible debridement of the medial meniscus.

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

Although this employee continues to complain of pain in the left knee almost one year after the work incident, her examination is essentially normal. The employee has a history of chronic dislocation of the right knee that was a preexisting condition.

The MRI reported small linear tear in the posterior horn of the medial meniscus and a small linear tear of the free edge of the lateral meniscus, along with a small joint effusion. **Official Disability Guidelines** recommendations for meniscectomy include subjective findings of joint pain or feeling of giving way or locking, clicking, or popping. Recommendations for surgery also require a positive McMurray's sign or joint line tenderness or limited range of motion. The employee has achieved normal range of motion with subjective pain. There were no objective findings that would provide indication for surgery either on physical examination or on MRI studies. The mild tears reported by MRI are not verified by objective testing and are possibly not related to this acute injury. **Official Disability Guidelines** recommendations for lateral release include abnormal patellar tilt, lateral tracking of the patella, or patellar apprehension. None of these findings are present in this case.

Therefore, this recommendation for surgery is not authorized.

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

**1. OFFICIAL DISABILITY GUIDELINES**