



REVIEWER'S REPORT

DATE OF REVIEW: 06/05/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right knee arthroscopy, medial meniscectomy, and abrasive chondroplasty.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon with experience in the evaluation and treatment of patients suffering knee injury and arthritis

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old female suffered an injury to her right knee on approximately xx/xx/xx. The injury was a direct blow injury when a student riding a motorized wheelchair struck a table. The employee jumped back and was struck by the table in the region of the right knee. She has had several evaluations including physical examinations, routine x-rays, and MRI scan. She has been treated with physical therapy and medications. The MRI scan confirmed tricompartmental osteoarthritis. Most recently a request for knee arthroscopy, medial meniscectomy, and abrasive chondroplasty has been submitted. It has rejected on two prior occasions.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This patient has extensive tricompartmental osteoarthritic changes. The ODG Guidelines do not recommend, nor do current treatment protocol of the American Academy of Orthopedic Surgeons recommend arthroscopy for extensive tricompartmental osteoarthritis except under circumstances where a specific mechanical problem is present. This patient's symptoms are probably related to a contusion of the knee with a background of tricompartmental osteoarthritis. The presence of fragmented meniscal tearing and loose fragments and meniscal cysts are all related to the underlying pathology of tricompartmental osteoarthritis.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) See Orthopedic Knowledge Update #9, Knee Chapter.