



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/24/2008

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of arthroscopy of the left knee.

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

The reviewer is a board certified Orthopedic Surgeon who has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of arthroscopy of the left knee.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

MD  
MD

These records consist of the following (duplicate records are only listed from one source): Records received from MD: Medical necessity letter 1/28/2008; MRI report from MRI Center-12/13/07; Diagnostic report-1/10/08; MD MRI report-12/1/07; Center daily progress notes-1/30/08-11/26/07.

Records received from, MD: Daily note from, MD-1/17/08-12/13/07; MRI report from MRI Center-12/13/07 & Excuse from work prescription-1/18/08; DWC73-1/17/08; Center referral slip-12/19/07.

Records received from, Inc.: Preauthorization denial-2/18/08 & 1/11/08; Preauthorization Physician Review Form-2/13/08 & 1/9/08; Clinic preauthorization intake form-

A copy of the ODG was provided by, Inc. for this review.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a xx-year-old female who fell at work while getting off a stool. Her heel stuck, injuring her left knee. Now the patient has persistent left knee pain at the lateral joint line despite physical therapy and medication. MRI (standing Fonar) read initially as lateral meniscal internal abnormality without frank tear. Orthopedist and subsequent radiologist feel MRI reveals apparent tear of lateral meniscus.

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

The reviewer states that arthroscopy is indicated for internal derangement of the knee. The denial was based on lack of clarification of conservative treatment, however, that has been adequately clarified with documentation provided from therapy at Industrial Rehabilitation. All criteria have been met for meniscectomy per ODG.

According to the ODG:

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)