



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 10/04/08

**IRO CASE #:**

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

Right knee arthroscopy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered extremity injury

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. forms
2. referral
3. . fax cover, 09/12/08
4. Denial letter, 07/30/08
5. Denial letter, 08/13/08
6. Carrier's records
7. IRO ., 09/16/08
8. Employee's First Report of Injury
9. Associate's statement, 04/17/08
10. Request for medical care, 04/17/08
11. Status Reports dated 04/17/08, 04/22/08, 04/25/08, 06/09/08, 05/30/08, 07/07/08, 07/11/08, and 08/08/08
12. , M.D. activity notes, 04/17/08, 04/22/08
13. Physical therapy evaluation, 04/18/08
14. Physical therapy notes, 04/21/08 and 04/22/08
15. AP and lateral x-rays, right tibia and fibula

16. X-ray report, 04/25/08
17. Clinical evaluations, , M.D., 04/25/08, 05/30/08, 05/13/08, and 05/18/08, 07/11/08, and 08/08/08
18. MRI scan, right knee, 05/19/08
19. , M.D. evaluations dated 05/28/08, 07/03/08, and 09/10/08
20. Injury and Disability Assessment, 05/30/08
21. Evaluation by , M.D., 06/09/08 and 07/07/08
22. , 07/07/08
23. , 07/22/08
24. Requestor records

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This unfortunate xx-year-old male suffered a fall on a wet floor on xx/xx/xx. He suffered right lower extremity injury and pain. Diagnoses of right knee sprain, right knee medial meniscus tear, right knee spasm, and right ankle sprain were made. The patient has been evaluated by a number of physicians including , M.D., , M.D., , M.D., and medical records have been reviewed on three occasions for multiple requests including knee brace. Request was made for arthroscopy, which has been denied on two occasions. Differential diagnostic injections utilizing Marcaine have been performed without demonstrated relief intraarticular in the region of the right knee or extraarticular in the region of attachments of medial collateral ligament. Physical findings have been limited. There are no findings of instability. The MRI scan performed on 05/19/08 did not demonstrate any intraarticular abnormalities.

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

There does not appear to be any internal derangement of the right knee that has not been investigated by the performance of history and physical examination as well as plain and special imaging studies. There does not appear to be any abnormalities that would be benefited by the performance of arthroscopy, and thus the request to perform arthroscopy has been appropriately denied. This decision should be upheld.

**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, 2008, Knee and Leg Chapter, Arthroscopy passage
- 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.)