

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of outpatient arthroscopy for partial medial meniscectomy, left knee.

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

M.D. Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for outpatient arthroscopy for partial medial meniscectomy, left knee.

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year-old male claimant reported left knee pain following a xx/xx/xx injury when he stepped onto an uneven surface. A physician record dated 08/05/08 noted the claimant with left knee pain present since the reported injury. On examination there was tenderness along the medial joint line with good mediolateral stability. X-rays showed mild medial compartment narrowing. An MRI was recommended.

A left knee MRI was performed on 08/19/08 which revealed medial compartment degenerative joint disease and medial meniscus tears. A left knee arthroscopy for partial medial meniscectomy was requested.

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

The requested outpatient arthroscopy for partial medial meniscectomy of the left knee is

not medically necessary based on review of this medical record and therefore this reviewer agrees with the previous non-certification.

While the record includes two office visits of Dr. , 08/05/08 and 08/25/08, only the 08/05/08 office visit documents any physical findings which includes good range of motion and some medial joint line tenderness. There is no description in this medical record of mechanical symptoms, locked knee, loss of strength or other abnormality.

There is also a history that this claimant has undergone a previous left knee arthroscopy which can make new MRI interpretation very difficult. There is no documentation in the medical record of conservative care to include anti-inflammatory medication, activity modification, physical therapy, home exercises or a Depo-Medrol injection. The most recent 08/25/08 office visit does not even document a physical examination. While the MRI report documents some Intrasubstance and undersurface tearing on the body and posterior horn of the meniscus, it also describes significant degenerative changes and there is no description of a locked bucket handle tear, loose body or fracture.

The Official Disability Guidelines document indications for meniscectomy in patients who have failed conservative care to include therapy or medication and have swelling and a feeling of giving way as well as positive McMurray's sign and meniscal tearing. In this case the claimant has no documentation of a positive McMurray's sign or joint effusion and no documentation of conservative care and therefore the requested surgical intervention is not medically necessary based on review of this medical record. The reviewer finds that medical necessity does not exist for outpatient arthroscopy for partial medial meniscectomy, left knee.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Knee and Leg – Meniscectomy)

ODG Indications for Surgery -- Meniscectomy:

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)**