



## IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 09/04/08

**IRO CASE NO.:**

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

Item in dispute: Right knee arthroscopy with lateral meniscectomy

**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 determination should be:

Denial Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Medical records from dated 07/02/07 thru 08/01/07
2. MRI of the right ankle dated 07/27/07
3. MRI of the right knee dated 07/27/07
4. Records from dated 08/09/07, 10/18/07, 01/24/08, 03/27/08, 04/24/08, 05/08/08
5. Records from , M.D. dated 08/17/07 thru 01/18/08
6. Medical records from Dr. dated 08/24/07 thru 12/04/07
7. Medical records from , M.D., dated 09/10/07
8. Records from , M.Ed., D.C., dated 10/23/07.
9. Operative report dated 11/15/07
10. Treatment records from , D.C., dated 11/20/07 thru 05/07/08
11. Physical therapy records dated 12/11/07 thru 05/07/08
12. Records from dated 01/03/08
13. Records from , M.D., dated 03/13/08
14. MRI of the right knee dated 04/09/08
15. Medical records from Dr. dated 05/09/08
16. Required Medical Evaluation dated 06/10/08
17. Utilization review determination dated 06/23/08
18. Utilization review determination dated 07/02/08
19. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a xx year old male who was reported to have sustained a twisting injury to his right knee and ankle on xx/xx/xx. The employee was originally seen at a and treated conservatively with oral medications and physical therapy.

The employee was referred for MRI of the right ankle and right knee on 07/27/07. The MRI of the right ankle reported moderate to marked tendinosis of the peroneus brevis tendon as it enters and exits the retromalleolar groove with associated longitudinal splitting and moderate to marked tenosynovitis. There was moderate tendinosis of the peroneus longus tendon as it enters and exits the retromalleolar groove. There was a large lateral spur of the retromalleolar groove of the fibula. There was no significant ligament pathology of the right ankle. There was no significant osseous or osteochondral lesions detected. The MRI of the right knee revealed a minimal radial Grade III tear involving the free edge of the posterior horn of the lateral meniscus. There was mild fraying of the free edge of the medial meniscus without detectable Grade III tears of the medial meniscus. No significant ligament tears were seen. There was mild tricompartmental degenerative joint disease. The employee subsequently changed treating providers to , D.C.

The employee subsequently received additional physical therapy and was referred to Dr. for orthopedic evaluation.

The employee was eventually declared refractory to conservative care and subsequently taken to surgery on 11/15/07. Postoperatively the employee reported continued right knee pain, and records suggest difficulties with wound healing.

The employee was eventually referred for postoperative therapy and continued to report fairly significant right knee pain.

Due to the employee's lack of postoperative progress, he was subsequently referred for repeat MRI of the right knee. This study reported a large knee effusion. There was a moderate sized 2 cm area of patchy edema noted within the weight bearing aspect of the medial femoral condyle indicating a moderate sized area of bone contusion or osteonecrosis involving the medial femoral condyle. There was a similar small 1 cm area of edema noted within the anterolateral aspect of the medial tibial plateau indicating an additional smaller focus of bone contusion or osteochondritis dissecans involving the proximal tibia. The anterior and posterior cruciate ligaments were intact. The medial and lateral collateral ligaments of the knee appear intact. The signal in the anterior and posterior horns of the medial meniscus was within normal limits. There was marked attenuation and increased signal noted within the posterior horn of the lateral meniscus suggesting a complex chronic meniscal tear with degenerative attenuation of the meniscal cartilage. There was also linear increased signal evident within the anterior horn of the lateral meniscus suggesting an oblique meniscal tear. Dr. recommended a repeat arthroscopy.

On 04/11/08, the employee was evaluated by Dr. . At that time, the employee was reported to have continued right knee pain. Upon physical examination, the employee

was noted to be 5 feet 6 inches in height and weighed 195 pounds. Examination of the right knee revealed tenderness to palpation over the anterior lateral posterior and medial aspect of the right knee with restriction of motion in both flexion and extension. Examination of the right ankle revealed restriction of motion in dorsiflexion, plantar flexion, inversion, and eversion. There was pain and tenderness over the plantar area. Toe and heel walking could not be exerted due to pain over the right ankle and right knee. Sensory was intact. Dr. recommended that the employee continue physical therapy under the auspices of , D.C., and was provided oral medications. It was further recommended that the employee be seen by an orthopedic surgeon.

The employee was seen in follow up by Dr. on 05/09/08. The employee was reported to be pending surgery. Upon examination, he continued to experience tenderness over the lateral and medial aspects of the right knee with restriction of motion in both flexion and extension. Motor and sensory were grossly intact.

The employee underwent a Required Medical Evaluation (RME) performed by Dr. on 06/10/08. Dr. noted the history above and indicated that the employee had continued complaints regarding the right knee. Upon physical examination, the employee had a 10 degree extension lag and flexion to 130 degrees. Range of motion regarding the right ankle was normal. There was a moderate effusion noted in the right knee. There was some increased temperature in the right knee. The employee was noted to have a near normal gait slightly limping. The employee was diagnosed with internal derangement of the right knee and right ankle. Dr. reported that the employee would ultimately require additional arthroscopic surgery. A request was submitted for operative intervention on 06/23/08.

This appears to have been reviewed by Dr. who non-certified the request. Dr. reported there was a lack of clinical documentation regarding the employee's current symptoms, findings, and prior treatment.

On 07/02/08, the case was again reviewed by another physician advisor. The request was for a right knee arthroscopy with lateral meniscectomy. The reviewer noted that there was a lack of an operative report and adequate clinical examination to be able to assess the basis for any further surgery.

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

The employee is a xx year old male who was reported to have sustained work related injuries on xx/xx/xx.

The available medical records indicate that the employee has undergone extensive conservative treatment which has included oral medications, physical therapy, chiropractic treatments, and subsequently underwent operative intervention. Postoperatively, the employee was noted to have some difficulty with healing and has experienced consistent right knee pain status post his initial operative intervention.

The employee has undergone a repeat MRI of the right knee, which has indicated degenerative tears in both the anterior and posterior horns of the lateral meniscus. The employee continued to receive additional conservative care, which further included referral to a pain management specialist.

The employee has been seen by an RME physician who found the employee not to be at Maximum Medical Improvement (MMI) and indicated that the employee will most likely require additional arthroscopic surgery.

The available medical records indicate that this employee is refractory to both conservative and operative management, and has subsequently been found to have recurrent degenerative tears of the anterior and posterior horns of the lateral meniscus. The employee has continued right knee pain with significant evidence of functional limitations.

Based on this clinical information, the requested procedure is considered medically necessary.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. S. Terry Canale, MD, *Campbell's Operative Orthopedics*, 10th Edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.