

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy with meniscectomy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/22/09, 2/9/09
Office notes, Dr. 11/19/08, 12/02/08, 07/02/09
Office note, Dr. 11/25/08
MRI left knee, 11/29/08
Office notes, Dr. 12/08/08, 01/05/09, 02/02/09, 06/16/09
Surgery orders, 02/02/09
Request for surgery, 02/09/09
Office note, Drs. / 06/09/09
Pre-authorization request, 06/09/09, 06/22/09
Peer review, Dr. 06/18/09

PATIENT CLINICAL HISTORY SUMMARY

This is a obese female with complaints of left knee pain after falling on xx/xx/xx. Dr. treated the claimant initially with Motrin, Ultracet and physical therapy. The MRI of the left knee from 11/29/08 showed medial compartment arthropathy with complete degeneration of medial meniscus especially the posterior horn. The body of report showed a grade 3 tear involving the posterior horn of the lateral meniscus. On 12/02/08, Dr. recommended restricted duty and referral to orthopedist. Dr. evaluated the claimant on 12/08/08 for pain and stiffness and no improvement with anti-inflammatory medications. Examination revealed left knee medial joint line tenderness, mild atrophy/weakness and positive McMurray. Dr. felt that the MRI showed severe chondromalacia to the medial and patellofemoral and complex tear of the medial meniscus. X-rays of the left knee showed arthritic changes, medial arthritis and

patellofemoral arthritis. Diagnosis was complex tear medial meniscus tear and chondromalacia. Dr. performed an injection. On 01/05/09, the claimant reported slight numbness and burning around the knee. The claimant stated her pain had improved. The claimant was using a cane. Flexion was to 100 degrees and extension was to 0 degrees. On 02/02/09, Dr. examined the claimant. Positive McMurray's and Apley grind was noted. Dr. recommended Aleve and left knee arthroscopy.

On 06/16/09, Dr. evaluated the claimant. The claimant had one visit of physical therapy and stopped going. The claimant stated her pain, function, and strength was getting worse. There was pain to the anterior lateral joint line. Flexion was to 110 degrees. Diagnosis was complex tear to the lateral meniscus and chondromalacia left knee. Voltaren gel and Lodine was recommended. A left knee arthroscopy with meniscectomy for tear of a lateral meniscus is the subject of this review.

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

When one applies the ODG guidelines to this case there has been conservative care including physical therapy, medications and injection. There has been documentation of joint pain and swelling. Several of the notes contain references to a positive McMurray sign. Other notes contain references to joint line tenderness and effusion. The MRI has been interpreted as revealing tearing of the lateral meniscus and degeneration of the medial meniscus particularly in the posterior horn. At this time it would appear that conservative care has failed. The recommended procedure therefore does meet the guidelines for surgery. The reviewer finds that medical necessity exists for Left knee arthroscopy with meniscectomy.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter knee

ODG Indications for Surgery| -- Meniscectomy

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positiv

1. Conservative Care: (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLU
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLU
3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLU
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-AMERICA 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)