

SENT VIA EMAIL OR FAX ON
Mar/02/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, knee, surgical; with meniscectomy (medial or lateral including any meniscal shaving)

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 determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

MRI left knee 10/14/08

Office notes 08/27/08, 12/23/08, 01/20/09

Dr. chiropractic DDE 08/27/08

Dr. orthopedic peer review 01/07/09

Dr. Peer review 01/28/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who fell on xx/xx/xx. The MRI of the left knee from 10/14/08 showed myxoid changes involving the posterior horn medial meniscus without a definite surface tear. Dr. evaluated the claimant on xx/xx/xx. The claimant reported giving way, the inability to perform deep knee bending without significant pain and anteromedial aspect pain to the left knee. The examination revealed full range of motion, a positive McMurray and Apley's, and tenderness to palpation to the patellofemoral joint, patellar tendon and medial collateral

ligament. Dr. reviewed the MRI films in his office and felt there was a complete horizontal tear of the medial meniscus. Naprelan and physical therapy were recommended. On 01/20/09, Dr. requested a reconsideration for the left knee arthroscopy based on his interpretation of the MRI. Dr. noted that the claimant had signs and symptoms of internal derangement.

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

The request is for the medical necessity of a knee arthroscopy with meniscectomy.

The claimant's date of injury was xx/xx/xx. She has failed conservative treatment with therapy and anti-inflammatory agents. The requesting physician reviewed the MRI and felt that there was evidence of a possible meniscal tear.

Based on the Official Disability Guidelines, she would meet the criteria for a candidate for arthroscopy due to failure of conservative care consisting of medication as well as therapy, pain and functional limitations, plus the imaging, which was inconclusive. Thus, diagnostic arthroscopy certainly would be approved. Based on the arthroscopy, if there was meniscal pathology, she has clearly failed conservative treatment. Based on the Official Disability Guidelines she would be a candidate for a meniscectomy.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, kne

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 positive)

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.

Recommended as indicated below.

ODG Indications for Surgery| -- Diagnostic arthroscopy

Criteria for diagnostic arthroscopy

1. Conservative Care: Medications. OR Physical therapy. PLU
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLU
3. Imaging Clinical Findings: Imaging is inconclusive

(Washington, 2003) (Lee, 2004)

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)