

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/02/2009

**IRO CASE #:**

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

Outpatient left knee arthroscopy

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male injured on xx/xx/xx when he tripped over a pallet and fell. He came under the care of Dr. on for left knee and ankle pain. He had been seen on the day of injury and given a boot and crutches. He was taking Vicodin and Motrin. On examination there was no significant left knee swelling. There was tenderness over the medial femoral condyle and medial joint line. Due to the ankle pain a boot and crutches were recommended.

On 10/07/08 Dr. noted the claimant had improved and felt he could return to work. By 10/22/08 Dr. saw the claimant and reported that symptoms radiated up to the hip, pelvis and back. Both knees were tender over the medial femoral condyle and medial joint lines. The ankles were also painful. Therapy was recommended for the ankles and the knees. The claimant attended therapy 10/31/08, through 1/21/08 for the ankle injury.

Pain in the knees and ankles persisted in 11/08 and MRI scans and therapy were recommended. A 12/11/08 MRI of the left knee showed a medial meniscus tear of the body and posterior horn. There was early medial compartment osteoarthritis and partial thickness cartilage loss a sprain of the medial collateral ligament and a small Baker's cyst. On 12/16/08 Dr. saw the claimant for pain in the bilateral knees and ankles. There was left knee pain with walking. Dr. felt that the MRI of the left knee showed a partial rupture Baker's cyst and quadriceps tendinosis. Left knee surgery was recommended. Surgery has been denied on two occasions.

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

The reviewer finds that the requested left knee arthroscopy is not warranted based on the information reviewed. The request for surgery has been denied on previous occasions as the claimant has not undergone documented conservative care. The claimant has evidence of arthritis by MRI in addition to the meniscus tear. The ODG recommends that conservative measures, including physical therapy, should be undertaken in the absence of mechanical symptoms. This claimant specifically does not have mechanical symptoms and a conservative course of treatment in attempt to relieve/improve the symptoms would be required before surgery is undertaken. This is consistent with ODG guidelines for the request. The reviewer finds that medical necessity does not exist for Outpatient left knee arthroscopy.

Official Disability Guidelines Treatment in Worker's Comp 2009 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 positive)

1. Conservative Care: (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification.
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping.
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.
4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI.

ODG Indications for Surgery | -- Diagnostic arthroscopy

Criteria for diagnostic arthroscopy

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

**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)