COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **10/6/09** **DATE AMENDED:** **10/9/09**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for left knee arthroscopy (29876) and arthrocentisis (20610).

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

Texas licensed Orthopedic Surgeon.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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 previously denied request for left knee arthroscopy (29876) and arthrocentisis (20610).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 9/24/09.

- Confirmation of Receipt of Request for Review by an Independent Review Organization dated 9/23/09.
- Authorization Request Letter dated 9/29/09.
- Contents dated 9/29/09.
- Request for a Review by an Independent Review Organization dated 9/11/09.
- Utilization Review Letter dated 9/4/09, 8/18/09, 4/27/09.
- Follow-Up Note dated 8/10/09, 3/6/09, 9/19/08, 10/9/08, 4/10/06, 5/20/05, 4/15/05, 3/4/05, 2/4/05, 1/7/05, 12/3/04, 11/8/04, 10/22/04, 10/18/04, 10/11/04, 9/7/04.
- Operative Report dated 10/14/04.
- Treatment History Sheet (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury: Playing football and twisted his knee.

Diagnosis: Chronic synovitis and left knee pain.

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

The claimant is a male with a left knee injury on xx/xx/xx, when he was playing football and twisted his knee in practice. On 10/13/04, Dr. performed a left knee arthroscopy, synovectomy, meniscoplasty of the medial meniscus, patelloplasty, and major femoral condylar chondroplasty. Post op diagnoses included chronic synovitis; grade IV medial femoral condylar defects in the mid one third; grade IV tibial plateau defects medially; absent lateral meniscus from previous surgery; absent torn/chronic ACL; grade III high grade medial femoral condylar and lateral femoral condylar anterior one third chondral defect, and patellar grade I/II defects and scuffing. The claimant underwent post op rehabilitation and went back to playing football as of 05/20/05.

The claimant retuned to Dr. on 09/19/08, with left knee pain. At that time, the claimant was teaching physical education. X-rays were ordered and Dr. recommended arthroscopic surgery to try and buy him some time. No surgery was done at that time. The claimant was taking Celebrex. On 03/06/09, Dr. noted that the claimant was having pain in the medial compartment. He again recommended knee arthroscopy and the use of Synvisc or Supartz after the knee is scoped. Surgery was denied on peer review.

At the visit of 08/10/09, Dr. documented flexion of 90-95 degrees and lack of 5 degrees of full extension. There was no gross instability. The claimant had significant pain with getting up from a chair and going up and down stairs. Dr. felt that the claimant was a good candidate for arthroscopic evaluation of the lesions and then using Supartz or Synvisc post op to try and buy some time. The surgery was denied on peer review due to lack of clinical information and documentation of conservative treatment. A 09/29/09

letter from the insurance carrier emphasized that there had been no imaging study since 2004 and the last active lower level care was in 2005. Arthroscopy with debridement simply for degenerative changes would not be considered medically indicated at this time. This is consistent with recent evidence-based medicine.

Review of the records provided supports the claimant is status post left knee arthroscopy 10/13/04 with meniscectomy, chondroplasty, and synovectomy with reports of left knee pain. Recent notes of Dr. did not support an effusion, but did support degenerative changes and restricted range of motion modalities 5 to 95 degrees. It was unclear if the claimant had recently had a cortisone injection. Based on the above issues, this reviewer cannot recommend arthrocentesis with Synvisc injection as medically indicated and necessary at this time. Specifically, in this case, it may be reasonable to try viscosupplementation. With regards to an arthrocentesis, there was no documentation of recent effusion and no documentation of a recent MRI to evaluate this medical condition to support the need for arthrocentesis.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines (ODG), Treatment In Worker's Comp, 14th Edition, 2009 Updates. Knee. Diagnostic arthroscopy; Hyaluronic acid injections.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).