



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 09/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of arthroscopy of the right knee with medial and/or lateral meniscectomy and partial synovectomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
8360	29880, 29881		Prosp.		09/02-11/08/09				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 09/08/09 and 09/16/09
3. Physician Adviser Report, 09/08/09
4. Treating orthopedic surgeon's notes and follow ups and therapy 07/06/09 – 09/08/09.
5. Radiology reports 06/09 & 07/07/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient reported stepping off of the bus, twisting the right knee on xx/xx/xx. The patient was seen in an emergency department at that time, and x-rays were done. X-ray reports did not reveal any fracture but did show some early degenerative changes, particularly patellofemoral narrowing.

The patient was referred to the treating orthopedic surgeon who next saw the patient on xx/xx/xx. At that time, his examination revealed medial and lateral joint line tenderness. McMurray's elicited pain to the medial joint line. Range of motion was limited from 0 degrees to 100 degrees. A diagnosis of injury to the right knee was made, and the possibility of a meniscus tear was discussed. The treating physician felt the patient could do light duty and released her to same and set her up for outpatient physical therapy. The patient was evaluated by physical therapy on 07/13/09, and a program outlined for therapy was started.

The treating physician next evaluated the patient on 07/20/09. In the interim, an MRI scan had been done, which was read as showing a tear of the posterior horn of the medial meniscus, some degenerative changes

of the lateral meniscus, some degenerative changes of the articular cartilage and osteophyte formation, and mild edema. The patient was continued on light duty and outpatient physical therapy program.

The patient was next seen by his treating physician on 08/10/09. During that time he was awaiting approval from Workers' Compensation to be able to proceed with arthroscopy. During that time, beginning on 07/13/09, the patient had physical therapy, and the patient was seen in physical therapy on 07/13/09, 08/11/09, 08/13/09, and 08/14/09, 08/18/09, 08/25/09, 08/27/09, and 08/28/09, 09/01/09, 09/03/09, and 09/08/09. It would therefore appear that over a two-month period, the patient was seen somewhere in the range of eleven times for physical therapy.

Evaluation per treating physician was that the patient continued to have pain consistent with a torn medial meniscus that had not significantly improved, and he suggested arthroscopic surgery. Carrier denied surgery, so the patient remains in limbo.

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

It would be my opinion, based on training and several years of clinical practice that an individual who has had extensive therapy over an extended period of time who has a meniscus tear even with some early degenerative changes is a candidate for arthroscopy. It is my experience that these patients are usually significantly helped by an arthroscopic debridement when there is a torn meniscus in this setting, as there is by the reported MRI scan and physical examination.

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

- ACOEM-American 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 judgment, 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 Paramete
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