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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 09/08/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy, chondroplasty, synovectomy, and meniscal repair

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

Board Certified in Orthopedic Surgery

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)

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.

Left knee arthroscopy, chondroplasty, synovectomy, and meniscal repair -
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 08/09/02, 11/08/02, 03/07/03, 12/08/03, 12/12/03, 05/17/04, 05/18/06, 09/11/06, 01/29/07, 04/02/07, 06/25/07, 10/29/07, 12/03/07, 12/15/08, 06/08/09, and 06/17/09

An MRI of the left knee interpreted by M.D. dated 07/14/08

An MRI of the lumbar spine interpreted by Dr. dated 07/14/08

A preauthorization request from Dr. dated 06/12/09

A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 06/15/09

A request for reconsideration from Dr. dated 07/09/09

A letter of non-certification, according to the ODG, from M.D. dated 07/15/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 12/12/03, Dr. prescribed Ketoprofen, Skelaxin, and Ultram. On 04/02/07, Dr. recommended a psychological evaluation. An MRI of the left knee interpreted by Dr. on 07/14/08 revealed a torn medial meniscus, mild knee effusion, mild bursitis, and tricompartmental degenerative osteoarthritis. An MRI of the lumbar spine interpreted by Dr. on 07/14/08 showed mild asymmetric facet arthropathy on the right greater than left at L5-S1. On 06/08/09, Dr. recommended left knee surgery. On 06/15/09, Dr. wrote a letter of non-certification for the surgery. On 07/09/09, Dr. wrote a letter of reconsideration request. On 07/15/09, Dr. wrote a letter of non-certification for the knee surgery.

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

The patient is a xx year old morbidly obese (five feet three inches tall and 319 pounds). It was reported that she sustained a work related injury on xx/xx/xx, almost 13 years ago. An MRI scan was performed on 07/14/08. It revealed significant tricompartmental degenerative joint disease with significant involvement of the medial compartment. There was also a report of a tear in the posterior horn of the medial meniscus. This is not an uncommon finding in the degenerative knee. The requested procedure was denied on initial review by Dr. on 06/15/09 because the request did not satisfy the criteria as outlined by the ODG. His denial was upheld on appeal/reconsideration by Dr. Dr. evaluation of 06/08/09 documented a normal physical examination. There was no mention of effusion, no evidence of a possible McMurray's, and no mechanical symptoms. The ODG notes that meniscectomy is only indicated for symptomatic meniscal tears. It is not recommended for osteoarthritis in the absence of meniscal findings. Meniscectomy is a surgical procedure associated with a high risk of knee arthritis. The ODG indications for surgery/meniscectomy include criteria for meniscectomy or meniscus repair suggest two symptoms and two signs to avoid arthroscopies with low yield, i.e. pain without other symptoms,

posterior joint line tenderness that could signify arthritis, and MRI with degenerative tear that is often false positive.

Criteria 1: Conservative care is not required for: Locked or blocked knees, physical therapy, medication, or activity modification plus

Criteria 2: Subjective clinical findings of at least two: Joint pain or swelling, feeling of giving way, or locking, clicking, or popping plus

Criteria 3: Objective clinical findings of at least two: Positive McMurray sign, joint line tenderness, effusion, limited range of motion, locking, clicking, or popping, or crepitus plus

Criteria 4: Imaging clinical findings: Not required for locked or blocked knees or meniscal tear on MRI.

In addition, the criteria for chondroplasty include:

Criteria 1: Conservative care, medication, or physical therapy plus

Criteria 2: Objective clinical findings to include joint pain and swelling plus

Criteria 3: Objective clinical findings of effusion, or crepitus, or limited range of motion plus

Criteria 4: Imaging clinical findings of chondral defect on MRI.

It is not recommended as a primary treatment for osteoarthritis since arthroscopic surgery for knee arthritis/osteoarthritis offers no added benefits to optimize physical therapy and medical treatment (Kirkley 2008). Therefore, the requested left knee arthroscopy, chondroplasty, synovectomy, and meniscal repair are neither reasonable nor necessary and the previous adverse determinations should be upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE**
- 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)
Kirkley 2008