

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/16/2009

**IRO CASE #:**

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

Left Knee Arthroscopic Chondroplasty possible Synovectomy

**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

Office notes, Dr. 03/14/08, 05/21/08, 07/18/08, 06/10/09, 06/22/09, 07/27/09, 08/05/09, 08/25/09

Letter, Dr. , 03/19/08, 04/28/08, 06/18/08

Operative report, Dr. , 03/27/08

MRI left knee, 6/17/09

Peer review, Unknown provider, 08/05/09, 08/20/09, 08/126/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old male who was status post 03/27/08 arthroscopy left knee and resection plica of left knee. The claimant had some complaints of numbness postoperative, which was evaluated by a 05/13/08 electromyography. The electromyography was negative. On 07/18/08, the claimant was released to work without restrictions. The MRI of the left knee from 06/17/09 showed no articular surface reaching meniscal tear or high grade medial or lateral joint compartment chondromalacia, no acute or subacute ligamentous derangement and mild marrow hyperintensity in the anterior third of the lateral femoral condyle which was likely indicative of stress response. No stress fracture was apparent. Thickened type C medial plica was noted. No high-grade patellofemoral joint compartment chondromalacia was reported. Trace increased fluid in the suprapatellar pouch was reported. Dr. has evaluated the claimant on several occasions for complaints of painful knee popping, swelling and difficulty ascending and descending stairs. The 06/22/09 examination revealed tenderness along the superomedial border of the patella, minimal tenderness in the plica resection region and palpable popping at the patellofemoral joint with flexion and extension. Dr. noted that

the MRI showed no tears, showed a question of plica that was most likely a band of scar and mild increased signal in the lateral femoral condyle. Diagnosis was recurrent scar tissue and surgical lesion. On 08/05/09, Dr. performed an injection. Dr. authored a 08/25/09 letter indicating that the injection was effective for several hours.

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

When one turns to the ODG guidelines, there certainly appears to be complaints despite medications. These complaints include joint pain. However, recent objective clinical findings of effusion, crepitus or motion limitation have not been provided. There is no obvious chondral defect on the MRI. As such, this case would not meet the ODG guidelines for arthroscopic chondroplasty.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter knee Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. ([Kirkley, 2008](#)) See also [Meniscectomy](#).

#### **ODG Indications for Surgery™ -- Chondroplasty:**

**Criteria** for chondroplasty (shaving or debridement of an articular surface):

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
- 3. Objective Clinical Findings:** Effusion. OR Crepitus. OR Limited range of motion.
- 4. Imaging Clinical Findings:** Chondral defect on MRI  
([Washington, 2003](#)) ([Hunt, 2002](#)) ([Janecki, 1998](#))

#### **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)