

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy/debridement/chondroplasty/loose body traction

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

ODG Guidelines and Treatment Guidelines

Office notes, Dr., 06/29/09, 07/12/09

MD record, 06/29/09

MRI left knee, 07/17/09

Letter from claimant, Undated

Employer's First Report of Injury or Illness

xx/xx/xx

Doctor's Notes, 9/19/96, 2/4/97, 2/25/97, 3/18/97, 4/15/97, 5/13/97, 7/1/97, 8/5/97, 9/16/97, 10/28/97, 12/30/97, 6/23/98, 4/13/99, 5/4/99, 5/18/99, 6/3/99, 1/27/00, 2/15/00, 2/22/00, 2/29/00

Hospital, Operative Report, 3/5/97

Health System, 7/23/97

Initial medical report, 4/1/97

Bone scan, 5/29/97

Sports Center/Progress Note, 8/7/97-9/17/97

DEC Evaluation, 11/12/97

Medical Record Review, 1/13/98

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly sustained a left knee injury on xx/xx/xx after he slipped at work. The records indicate that the claimant underwent a left knee arthroscopic procedure

on 3/5/97 (EUA, arthroscopy, medial femoral condyle and patellar chondral debridement, drilling and abrasion, partial lateral meniscectomy, tow compartment complete synovectomy and lysis of adhesions.) The claimant reportedly did poorly post-operatively and the procedure was repeated on 7/23/97. On 11/12/97, he was found to be at MMI with an 8 percent whole person impairment rating. On 12/30/97, the patient began to have problems in his right knee. The symptoms in his left knee returned in June 1998. Conservative care through 2000 included additional physical therapy and viscosupplementation.

A new patient physician record dated 06/29/09 noted the claimant with a one-year history of a reoccurrence of left knee symptoms. Pain was globally diffuse in the left knee. An MRI of the left knee performed on 07/17/09 showed post-operative changes from a previous partial medial meniscectomy, full thickness cartilage loss in the medial femoral condyle in the region of the deficient meniscus, moderate to severe cartilage wear along the central weight bearing portion of the lateral femoral condyle and medial patellofemoral articulation, a small joint effusion and ligaments intact. The imaging data shows osteoarthritis and meniscal changes consistent with the degenerative process. An arthroscopic debridement with chondroplasty and loose body traction was recommended.

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

There is no documentation of any recent conservative treatment in the records made available for this review, which is part of the ODG criteria for the requested procedure. In addition, the imaging data shows significant osteoarthritis and meniscal changes consistent with the degenerative process. Taking into consideration the ODG guidelines and taking into consideration the records made available in this case the reviewer cannot recommend the proposed procedure as medically necessary. The reviewer finds that medical necessity does not exist for Left knee arthroscopy/debridement/chondroplasty/loose body traction.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Knee and Leg :

Meniscectomy

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

Chondroplasty

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 MR

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)