

Becket Systems

An Independent Review Organization
9219 Anderson Mill Road #1012
Austin, TX 78729
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic arthroscopy, left knee

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

OD Guidelines
Office note NP 02/27/09
MRI left knee 03/03/09
Office notes Dr. 08/27/10, 10/07/09, 11/29/09
behavioral med consult 11/18/09
Prescription 11/19/09
Psychotherapy notes 12/17/09 to 02/10/10
Office note Dr. 01/11/10
MD pre- auth request 01/14/10
MD pre- auth request 02/10/10
Peer reviews, 01/20/10, 02/17/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant injured on xx/xx/xx when she tripped over a flower pot landing on her left knee. The records indicated that the claimant felt a pop and had immediate left knee pain. X-rays of the left knee were reportedly normal. Left knee sprain/strain, knee contusion and leg contusion was diagnosed. Conservative care included a brace with crutches, medications, home exercise and work restrictions. A MRI of the left knee performed on 03/03/09 revealed abnormal signal seen within the popliteus tendon and proximal collateral ligament with findings consistent with a mild partial thickening and likely chronic in nature. Follow up physician records of 08/27/09 noted the claimant with knee pain associated numbness, tingling and dysesthesias in the left lower extremity. Examination findings included laxity of the left knee with testing, mild effusion and numbness, tingling and dysesthesias down to the foot and toes. A 10/07/09 physician record noted the claimant with a probable tear of the lateral collateral ligament and referred the claimant for an orthopedic second opinion and pain management. Continued left knee pain was noted on a physician record of 11/29/09. The claimant reported continued decreased range of motion. The claimant was advised to continue therapy and medications.

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

The proposed left knee diagnostic arthroscopy is not medically necessary based upon the review of the records in this case. The claimant sustained a left knee injury and has had an MRI performed which could be consistent with an injury to the lateral collateral ligamentous complex. ODG criteria for diagnostic arthroscopy include failure of conservative care, which it does sound like the claimant has undergone, subjective clinical findings of pain and functional limitations despite conservative care, which the claimant has undergone, and imaging clinical findings which are inconclusive. Records show the claimant clearly has a demonstrable lesion by MRI. It is unclear as to whether or not this is even causing her problem as symptoms must be correlated with physical examination findings. As an MRI is fairly conclusive for problems in the knee, the proposed diagnostic arthroscopy is not medically necessary in this case. The reviewer finds that medical necessity does not exist for Diagnostic arthroscopy, left knee,

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Knee and Leg: Diagnostic arthroscopy

ODG Indications for Surgery| -- Diagnostic arthroscopy

Criteria for diagnostic arthroscopy

1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS
3. Imaging Clinical Findings: Imaging is inconclusive

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)