

SENT VIA EMAIL OR FAX ON
Aug/23/2010

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy and possible partial Meniscectomy of the Left Knee

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

X-rays left knee, 09/02/2009

Office notes, Dr., 09/04/09, 09/21/09, 07/12/10

MRI left knee, 09/15/09

Peer review, 07/16/10, 07/30/10

Office note, Dr., 07/20/10 Dr., OV:

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left knee on xx/xx/xx when he fell and struck his left knee against a metal object. The claimant had a prior arthroscopy of his left knee in 1996. An MRI of his left knee on 09/15/09 showed bone marrow edema in the medial and lateral femoral condyles and in the intercondylar area of the distal femur laterally which most likely represented bone bruises. There was abnormal articular cartilage overlying the medial femoral condyle bone bruise that most likely represented a cartilaginous injury. There was some irregularity of articular cartilage in lateral compartment, probably grade II-III chondromalacia and evidence of a partial lateral meniscectomy. There was a probable partial meniscectomy of the body of the medial meniscus. There was no definite meniscal tear. When the claimant returned to see Dr. on 07/12/10, he complained of pain and frequent giving way episodes. There was no actual locking but at times his knee seemed very stiff. Dr. noted that the MRI showed degenerative changes and chondromalacia. He recommended surgery for the claimant and referred him to Dr. for a second opinion. A peer review on 07/16/10 noncertified the surgery, as medical necessity could not be established while the claimant waited for a second opinion regarding surgery. When the claimant saw Dr. on 07/20/10 he had a range of motion of 0-135 degrees, no joint effusion, positive medial joint line tenderness and positive tenderness with pivot shift. Dr. recommended an arthroscopy. A second Peer review on 07/30/10 noncertified the arthroscopy because the claimant's records did not reflect the claimant had exhausted lower levels of care such as anti-inflammatories, physical therapy and cortisone injections. Dr. has recommended surgery.

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

The evidence-based Official Disability Guidelines discuss the indications for arthroscopic meniscectomy. In general, individuals should have subjective complaints consistent with objective findings on examination. Imaging studies should reveal an operative lesion. Conservative care should have been exhausted.

The records document an MRI scan which shows abnormalities of the medial femoral condyle articular surface, which would be largely degenerative in nature. The MRI scan did not document a meniscal tear and/or obvious operative lesion. The working diagnosis within the records was that of degenerative arthritis of a posttraumatic nature.

Unfortunately, the records do not discuss the nature of conservative care to date. Specifically, the records do not document conservative measures such as activity modification, anti-inflammatories, physical therapy, or a corticosteroid injection as recommended by the ODG.

Without the benefit of conservative care and what appears to be largely degenerative changes, the recommendation for arthroscopic surgery would not be considered reasonable or medically necessary. On most occasions, individuals with degenerative change treated with conservative measures are capable of resolving the symptoms. They would be reasonable and appropriate in this setting before proceeding with surgery as recommended by the guidelines. Thus, the request for surgical intervention (arthroscopy) cannot be considered reasonable or medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg
ODG Indications for Surgery™ -- Meniscectomy:

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 KNOWLEDGBASE
- 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)