

SENT VIA EMAIL OR FAX ON
Jul/29/2010

Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, Knee, Surgical; with Meniscectomy (Medial or Lateral Including any meniscal shaving)

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, Unknown provider, 01/28/10, 03/09/10, 03/23/10

Peer review, 03/08/10

MRI left knee, 04/14/10

Office note, Dr., 04/22/10

Peer review, Dr., 05/04/10

RME, Dr., 05/19/10

Peer review, Dr., 05/25/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of left knee pain, popping, locking and giving way. The MRI of the left knee, dated 04/14/10, showed some medial compartment arthritis and trace joint effusion. There were normal cruciate and lateral ligaments. There was minimal free edge fibrillation of the mid bilateral meniscus which was felt not likely significant. On 04/22/10, Dr. examined the claimant. Examination revealed exquisite tenderness in the medial joint line, pain on joint compression, and pain with McMurray. There was mild effusion and left quadriceps weakness. Dr. reviewed the MRI and recommended surgery. Dr. performed a required medical examination on 05/19/10. Examination revealed swelling, significant joint line tenderness in the medial aspect, significant restriction of motion pain with McMurray. Diagnosis was internal derangement with possible medial meniscus tear. Dr. stated that although the MRI showed no definite tear the physical signs were very impressive.

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

Left knee arthroscopy is medically necessary and appropriate in this case. Although the MRI

shows an effusion with no significant abnormalities the claimant continues to have tenderness overlying the medial aspect of the knee and mechanical symptoms. If one looks towards the ODG Guidelines for meniscectomy, conservative care is not required for a locking knee, there should be subjective clinical findings of joint pain, swelling, feeling of giving way, locking, clicking or popping in this case locking pain and swelling are present, there should be objective physical findings of at least two of the following, positive McMurray's sign, joint line tenderness, effusion, limited range of motion, locking, clicking or popping; in this case there is joint line tenderness and locking is present. Lastly clinical findings are not required for a locked knee based on the ODG Guidelines. Left knee arthroscopy with probable meniscectomy is medically necessary and appropriate in this case.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter knee, 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.

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)