

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/27/2010

**IRO CASE #:**

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

Left knee arthroscopy and debridement lateral patellar facet & close evaluation of the anterior horn of the lateral meniscus

**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**

Official Disability Guidelines, Chapter: Knee & Leg

Behavioral health testing 02/03/10

MRI left knee 02/23/10

Office notes Dr. 03/01/10

Office note Dr. 03/17/10

Peer review Dr. 04/19/10

Peer review Dr. 05/11/10

, 5/20/10, 4/19/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with bilateral knee pain. The MRI of the left knee from 02/23/10 showed minimal articular cartilage heterogeneity. There was no internal derangement identified. There was a tiny fluid collection just anterior to the anterior horn of the lateral meniscus. An adjacent meniscal tear was not seen. It was stated that this could be a small amount of joint fluid in that location versus a tiny paraarticular ganglion cyst. It measured 9 x 3 x 9 millimeter in size. Dr. evaluated the claimant on 03/01/10. Examination revealed bilateral range of motion of the knees was decreased, mild knee effusion, positive Apley's, positive Smiley and patellar grind. Continued medications and pain management evaluation was recommended. Dr. evaluated the claimant on 03/17/10 for bilateral knee pain, left greater than right. The claimant reported improvement following physical therapy for the right knee but still had discomfort for the left knee. Examination of the left knee revealed tenderness over the anteromedial joint and posteromedial area. Range of motion was from 5 to 95 degrees. There was significant discomfort with patellar ballottement and mild crepitus on the left. Dr. stated that the MRI of the left knee from 02/23/10 showed mild degenerative change, likely patellar facet and moderate sized cyst 9 x 9 millimeters in the anterolateral joint line over the anterior horn of the lateral meniscus without any obvious meniscal tear. Diagnosis was left knee chondromalacia of the lateral patella facet, anterior horn lateral meniscus and parameniscal cyst.

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

ODG guidelines discuss the indications for diagnostic arthroscopy. In general, diagnostic arthroscopy is reserved for individuals who have failed conservative care and who have subjective complaints of pain of a disabling nature despite conservative treatment. Imaging studies tend to be inconclusive in that setting.

The records document persistent pain complaints following a trip and fall injury of xx/xx/xx. An MRI scan failed to reveal any evidence of internal derangement. Perhaps more notable is that findings on examination have been less than impressive. While diagnostic arthroscopy may in fact be a value in certain individuals, those individuals should have failed a reasonable course of conservative care. In this particular setting, the records do not document the degree or nature of conservative care to date. This would include the potential for diagnostic/therapeutic injection. Without having knowledge as to the extent of conservative care to date, the request cannot be viewed as medically necessary at this point. The reviewer finds that there is no medical necessity at this time for Left knee arthroscopy and debridement lateral patellar facet & close evaluation of the anterior horn of the lateral meniscus.

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

(Washington, 2003) (Lee, 2004)

**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)