

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/07/2010

**IRO CASE #:**

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

Outpatient Left Knee Arthroscopy to include 29879

**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**

Prospective/Concurrent Review Determination, Solutions, Inc., 12/10/09, 1/5/10

Official Disability Guidelines 2010 Updates: Chapter knee

Employer's First Report of Injury xx/xx/xx

Dr. OV 2006, 2007, 2008

Dr. OV 10/30/06

Dr. / DDE 05/03/07

Dr. / DDE 01/02/08

Dr. OV 2008, 03/19/09, 05/21/09, 07/09/09, 08/19/09, 08/13/09, 08/20/09, 08/29/09, 09/03/09, 09/21/09, 10/13/09, 11/05/09, 12/15/09, 12/21/09, 01/15/10

MRI left knee 12/28/06

MRI right knee 12/28/06

Medical Review / Dr. 08/02/06

X-ray right ankle 05/09/08, 05/27/08, 06/10/08, 07/03/08

Chest x-ray 11/20/05

MRI lower extremity right 06/17/08

X-ray right hand 11/04/08, 11/18/08

MRI left ankle 05/19/09

X-ray pelvis and right hip 11/05/09

X-ray right knee 12/22/09

Physical Therapy records 2006

Laboratory studies 08/10/09

Work status report 07/03/08

Requests to change Treating Doctor 06/26/08, 07/22/08

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is a female who reportedly sustained a fall on xx/xx/xx with injuries to both knees. The records indicated that the claimant had had degenerative arthritis of both knees that was aggravated by the injury. The claimant was noted to have marked discomfort in the left knee and treated for recurrent bursitis. A left knee MRI dated 12/28/06 showed a small effusion, three compartment degenerative arthritis and chondromalacia of the patella. The claimant continued to treat for left knee pain, tenderness and swelling through 2007. Physician records of 2008 noted the claimant with left greater than right knee pain. Persistent pain with intermittent locking and catching of the left knee was also reported. During this time, the claimant also treated for a right ankle fibular fracture, a right hand fifth metacarpal fracture, Achilles tendinitis with repair and greater trochanteric bursitis. A 12/15/09 physician record revealed the claimant with continued symptoms in the left knee. The claimant was diagnosed with a medial meniscus tear with chondromalacia of the patella. Arthroscopy was recommended. A follow up physician record of 01/15/10 noted continued symptoms in the left knee and the claimant also seen for right knee pain. Arthroscopy for partial meniscectomy was again recommended.

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

Dr. as early as 01/24/06 noted this patient had degenerative arthritis in both knees. The patient has treated with Celebrex, exercises, aspiration, bracing. She also had bursitis, injection therapy, intermittent treatment for left and right knee pain in 2008. X-rays showed degenerative changes of both hips. On 12/28/06, MRIs were obtained on the right knee. It showed degeneration, no meniscal tear, and effusion on the left knee, showed degeneration, arthritis, no meniscus tear. She saw Dr., 12/15/09 reporting left knee pain, buckling, and giving way, and he recommended medial meniscectomy. He felt the claimant had a medial meniscus tear on the left knee. She had a reported injury to the right knee on 12/21/09. She was diagnosed and treated with degenerative changes in the right knee. Based solely on review of the records provided and evidence-based medicine, the reviewer finds that outpatient left knee arthroscopy is not medically necessary. The request does not conform to the Official Disability Guideline indications for surgery. The reviewer finds that medical necessity does not exist for Outpatient Left Knee Arthroscopy to include 29879.

Official Disability Guidelines 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.

Chondroplasty

ODG Indications for Surgery| -- Chondroplasty

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following

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. PLUS
4. Imaging Clinical Findings: Chondral defect on MRI

Demeter, Stephen C., Anderson, Gunner B. J.; Disability Evaluation ; second edition.

**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)