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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left Knee Arthroscopy 29881

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 Treatment in Worker's Comp, 14th edition, 2010 Updates: Knee
Office notes, Dr. 05/03/10, 05/19/10, 05/27/10, 06/01/10

X-ray left knee, 05/03/10

MRI left knee, 05/18/10

Peer review, Dr. 05/25/10

Peer review, Dr. 06/11/10

5/25/10, 6/11/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a twisting injury to the left knee on xx/xx/xx. The claimant had a history of prior left knee injury with chondral damage. Arthroscopy and removal of loose bodies was done. The claimant did well and returned to work without difficulty until the injury of xx/xx/xx. At that time the claimant was seen in the emergency room and placed in a knee immobilizer. Exam findings on 05/03/10 included medial joint line tenderness, pain to direct pressure, and pain on rotation, flexion, and extension. There was some subpatellar crepitation with pain and pain along medial and lateral border of the patella and a positive McMurray. X-ray of the left knee showed degenerative changes of the patellofemoral joint with some lipping, both superior and inferior and flattening of the medial and lateral femoral condyle with lipping.

MRI of the left knee on 05/18/10 showed medial joint space loss, extrusion of the medial meniscus, and a large zone of chondral attrition extending along the medial femoral condyle due to a zone of extended osteochondritis desiccans or a healed osteochondral fracture. There was a discoid lateral meniscus with a non linear zone of intrasubstance signal alteration in the anterior horn due to mucoid degeneration. There was chondromalacia patella and a small knee joint effusion.

On 05/19/10 Dr. noted left knee pain and swelling, tenderness of the medial joint line, intermittent locking in the knee, 1 plus swelling and range of motion of 5-100 degrees. There was slight subpatellar crepitation. MRI findings were noted. The impression was medial meniscus tear and loose bodies of the knee with locking. The physician recommended arthroscopy which was denied on peer review. Dr. noted on 05/27/10 that the claimant had a medial meniscus tear, chondromalacia of the medial femoral condyle and discoid meniscus laterally. He did not feel the knee was going to resolve with nonoperative treatment. On 06/01/10 the claimant continued to have pain, swelling, decreased range of motion, and difficulty walking. The knee was aspirated and injected with Decadron.

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

The proposed Outpatient Left Knee Arthroscopy (CPT code 29881) is medically necessary in this case. If one looks towards the ODG guidelines for meniscectomy, conservative care is not required at all for a locked or blocked knee. Dr. documents in his 05/19/10 office note that there is intermittent locking in the knee that was not present prior to the injury. Examination demonstrates a positive McMurray's. MRI shows a medial meniscal tear. Conservative care can be attempted with physical therapy, medication, or activity modification. The claimant has undergone a corticosteroid injection, which has not helped at all. ODG indications for surgery include subjective clinical findings of joint pain, swelling, giving way, locking, clicking, or popping, which are present in this case. In addition, there should be objective clinical findings of a positive McMurray's, joint line tenderness, effusion, limited range of motion, or locking, clicking, popping, or crepitus, which are present in this case. Lastly, there should be some imaging and clinical findings present of a meniscal tear on the MRI, which is present in this case. The ODG criteria has been satisfied, and therefore, the reviewer finds that medical necessity does exist for Outpatient Left Knee Arthroscopy, 29881.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates: Knee
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.

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)