SENT VIA EMAIL OR FAX ON
Jun/05/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
OP SX Left knee arthroscopy

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:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
MRI left knee, 10/19/09
Office note, Dr., 11/03/09
Office note, , PA, 12/07/09, 12/29/09, 01/14/10, 04/08/10
Peer review, Dr., 04/21/10
Peer review, Dr., 05/03/10

PATIENT CLINICAL HISTORY SUMMARY
This is a female claimant with a reported left knee injury that occurred while at work on xx/xx from a slip and fall landing on her left knee with a diagnosis of pain in joint lower leg and derangement of posterior horn of medial meniscus. A left knee MRI obtained on 10/19/09 revealed slight osteoarthritis and a slight joint effusion along with mucinoid and/or myxoid degenerative changes of hyaline cartilage in posterior horn of medial meniscus and bone marrow edema pattern in posterior-inferior portion of patella which could be due to bone bruise-bone contusion verse reactive stress changes secondary to underlying patellofemoral disease with grade 1 to 2 chondromalacia patella. Conservative treatment included 6 weeks of physical therapy and one cortisone injection. The 04/08/10 exam demonstrated medial joint line tenderness, slightly restricted range of motion and mild weakness with a positive McMurray. Dr. requested authorization to proceed with a left knee arthroscopy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The requested left knee arthroscopy is not medically necessary based on review of this medical record.

This is a woman who has had ongoing left knee complaints following a xx/xx injury.

There is a 10/19/09 MRI left knee whose report describes some arthritic changes with no clear evidence of a meniscal tear. There are multiple office visits by James Jackson, physician assistant for Dr. that documents ongoing left knee complaints. These records document ongoing issues even with physical therapy and an injection. The thing of issue to reviewer is that every one of the last three office visits looks exactly the same as if they were just photocopied from the one before with absolutely no change in any of the findings of the knee or any of the appearance of the leg. It is actually as if these are just the same office visits copied on different days.

While ODG guidelines document the use of knee arthroscopy in patients with a meniscal tear who have failed appropriate conservative care, in this case, it only appears from this record that the claimant has some arthritis and not a meniscal tear, since the MRI did not document a meniscal tear. There have been recent articles in the orthopedic literature indicating that arthroscopic surgery for symptomatic degenerative changes does not often lead to long-term good results.

Therefore, in light of the fact that the IRO reviewer is concerned about the office records, which appear to be exactly the same from visit to visit, which seem somewhat unusual, and the fact that there is no clear documentation on the MRI of a meniscal tear, then the requested arthroscopy is not medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)