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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 6/24/10

**IRO CASE #:**

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

1 Right Knee Scope

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Certified by the American Board of Orthopedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	8360	29881	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physicians' notes/letters dated 3/24/09, 5/22/09, 11/3/09, 3/24/10, 4/6/10, 5/10/10, 5/18/10  
 Physical Therapy notes dated 4/12/10

Official Disability Guidelines cited and provided Chapter Knee & Leg Arthroscopy

**PATIENT CLINICAL HISTORY:**

The patient was injured on xx/xx/xx when the patient reported that date she slipped on a wet floor and did the splits, immediately experiencing right knee and low back pain. The patient is status post right knee arthroscopic partial medial meniscectomy performed 07/02/09. The patient also underwent steroid injections without documented relief. The patient was seen in follow up on 04/06/10 and reported increasing amounts of pain in the knee restricting her activities. The patient continues on Mobic and BC Powder for pain management. Physical examination reported the patient to ambulate with an antalgic gait. There was general tenderness with palpation about the joint line, medial greater than lateral. Range of motion of the right knee was 0-120 degrees. There was painful McMurray. Ligamentous examination was stable. Progress note dated 05/18/10 noted the patient to continue with significant pain and decreased activities of daily living. Physical examination was unchanged from previous visit. Because of pain and limited activities, a repeat arthroscopy to the right knee was recommended.

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

In the Reviewer's opinion, based on the clinical information provided, the request for right knee scope is not indicated as medically necessary. The records indicate the patient was injured on xx/xx/xx when she slipped on a wet floor and did the splits and immediately experienced right knee

and low back pain. The patient underwent right knee arthroscopic surgery on 07/02/09, but there is no documentation of post operative therapy. The patient has continued to complain of right knee pain resulting in significant limitation in activity. The patient underwent injection of the right knee, with no evidence of symptomatic improvement reported. The patient was recommended to undergo repeat right knee arthroscopy; however, no post operative imaging studies were documented. Per ODG guidelines, diagnostic arthroscopy may be indicated where there is pain and functional limitation continued despite conservative care and imaging is inconclusive. Guidelines further reflect that second look arthroscopy is only recommended in case of complications from OATS or ACI procedures. Given the clinical data presented, there is no documentation of failure of conservative care other than steroid injections, and no evidence of inconclusive imaging studies. As such, medical necessity is not established.

References:

2010 Official Disability Guidelines, 15<sup>th</sup> Edition, Work Loss Data Institute, Online Version: Knee and Leg Chapter.

Diagnostic arthroscopy

Not recommended. Delayed treatment tends to increase costs, and prompt and appropriate medical care can control claims costs. One large study found that "adverse surprises," meaning cases that ended up costing far more than initially expected, were caused when the initial treatment came late in the cases, and these cases can account for as much as 57 percent of total costs. These surprise cases tended to involve back pain. (WCRI, 2005) (Joling, 2006) (PERI, 2005) (Smith, 2001)

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)