



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

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

Arthroscopic meniscectomy with meniscal repair or possible anterior cruciate ligament reconstruction of the right knee

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee problems

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. forms
2. referral forms
3. Denial letters, 04/01/10 and 03/23/10
4. Appeal letter, 04/01/10
5. Fax cover sheet
6. Preauthorization request
7. MRI scan, right knee, 03/09/10
8. Clinical notes, 02/09/10, 03/04/10, and 03/11/10
9. ODG Guidelines for meniscectomy and anterior cruciate ligament reconstruction

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male with a prior history of right knee problems. He suffered a twisting injury to his right knee on 02/05/10. He was evaluated on at least three occasions for this problem, and an MRI scan was performed. There is no comprehensive examination of the right knee documented. The range of motion is not documented. There is medical documentation of tenderness in the region of the medial meniscus and an increasing Lachman's test. Whether the Lachman's test is, in fact, positive or negative is not stated

in the medical record. There is no statement of organized nonoperative treatment of this knee injury. There is no documentation of physical therapy other than a statement that physical therapy was provided. The MRI scan reveals a signal intensity in the posterior horn of the medial meniscus without extension to an articular surface. The anterior cruciate ligament is described as grossly intact. A recommendation has been given for arthroscopic surgery to include preauthorization for meniscectomy or meniscal repair and possible anterior cruciate ligament reconstruction. The request to preauthorize this surgical procedure has been considered and denied, reconsidered and denied.

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

The criteria to be met for preauthorization for an arthroscopic procedure for medial meniscectomy and/or meniscal repair as well as ACL reconstruction require at a minimum the documentation that the pathology exists. At this time there is no clear documentation of medial meniscal tear or anterior cruciate ligament instability. There is no documentation of organized nonoperative treatment. In the absence of physical findings and specialized imaging studies to confirm pathology, and in the absence of organized nonoperative treatment, preauthorization for such a surgical procedure is not provided. The prior denials were appropriate and should be upheld.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)