

SENT VIA EMAIL OR FAX ON  
Jun/14/2010

## Applied Resolutions LLC

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (512) 772-1863  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/14/2010

**IRO CASE #:**

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

Outpatient right 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

MRI right knee, 03/17/06

Office notes, Unknown provider, 12/08/09, 01/07/10, 01/11/10, 02/23/10, 04/01/10, 05/04/10

MRI right knee, 03/03/10

Office note, Dr, 04/05/10

Letter, Dr., 04/16/10

Peer review, 04/16/10, 04/26/10

Letter, Client, 05/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with complaints of right knee pain after falling on 12/07/09. The MRI of the right knee from 03/17/06 showed no meniscal or ligamentous injury identified. There was a small joint effusion with plica in the suprapatellar bursa. A moderate sized baker's cyst was noted. The claimant has been treated with Norco, antiinflammatory medications and a

01/07/10 injection, which provided one day of relief. The MRI of the right knee from 03/03/10 showed mild to moderate osteoarthritic changes involving all three knee joint compartments. Irregularity and loss of articular cartilage involving the medial and lateral femoral condyles were noted. Chondromalacia of the patella involving the medial facet was reported. A horizontal tear of the posterior horn of the medial meniscus was present. The anterior horn of the lateral meniscus was truncated in size indicating a tear. A large baker's cyst was reported. Dr. evaluated the claimant on 04/05/10 for bilateral knee pain. The examination revealed a Baker's popliteal cyst in the posteromedial aspect of the right knee and right proximal leg. Medial joint line tenderness was present. The right knee range of motion was from 1-2 to 110 degrees. There was crepitation. Flexion and rotation of the knee was uncomfortable. Right knee apprehension was noted. Standing x-rays of both knees showed degenerative changes in all three compartments, left knee little more worn out than right but there no bone on bone changes of either knee. Dr. reviewed the MRI. The diagnosis was bilateral osteoarthritis. Dr recommended an arthroscopy and arthroscopic meniscectomy. On 05/04/10, the examination revealed tenderness, swelling, restricted motion and ligamentous instability. Mobic and bracing was recommended.

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

The request is for outpatient right knee arthroscopy. The diagnosis is that of a right knee medial meniscal tear. The records reflect ongoing complaints of pain despite conservative treatment including an injection. An MRI of 03/03/10 showed a horizontal tear of the posterior meniscus. The claimant would be a candidate for surgery based on the failure to respond to conservative treatment and positive MRI. ODG Guidelines were referenced and used.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter knee, meniscectomy

#### **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)