

SENT VIA EMAIL OR FAX ON
Jul/19/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Diagnostic 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

Peer Review 05/13/10, 06/15/10

Unknown provider OV 04/19/10, 04/26/10

Dr. 05/04/10

MRI right knee 04/19/10

Undated fax No Date

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who sustained a twisting type injury to his right knee on xx/xx/xx. Immediate right knee pain and swelling was reported. The claimant has been diagnosed with a right knee medial and lateral meniscal tear and strained anterior cruciate ligament. A right knee MRI performed on 04/19/10 showed an anterior cruciate ligament sprain, medial and lateral meniscal tears, tricompartment degenerative joint disease and a small joint effusion. An orthopedic evaluation dated 05/04/10 noted the claimant with right knee pain with right knee medial joint line tenderness and mild crepitation with patellar compression. X-rays

suggested a mild medial compartment degenerative joint disease with joint spaces well maintained. The 04/19/10 MRI was reviewed. Treatment options were discussed. The claimant elected to proceed with a diagnostic arthroscopy and indicated procedure. A diagnostic arthroscopy of the right knee was requested.

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

The requested knee arthroscopy would be reasonable based on the information provided. The claimant has ongoing pain with repeated popping and locking. After a reported injury on xx/xx/xx, the claimant had acute swelling and an MRI showed meniscal pathology as well as degenerative arthritis. X-rays from 05/2010 reportedly show a well maintained joint space and did not show degenerative arthritis that would preclude or contradict arthroscopic treatment of the meniscal pathology. The claimant has persistent joint line tenderness and an effusion. An arthroscopy appears reasonable and is doubtful that further conservative care at this time for this claimant would be helpful. Surgery therefore appears to be reasonable based on the information provided.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Knee and Leg :
Diagnostic arthroscopy: 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.

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)