

SENT VIA EMAIL OR FAX ON
Jun/10/2010

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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee EUA, Scope, Excision Meniscus Tears

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, 04/05/10

Office notes, Dr. 04/09/10, 04/16/10, 04/23/10, 05/03/10

Peer review, 04/16/10

Peer review, 05/05/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her right knee when she slipped and fell from a ladder on xx/xx/xx. An MRI of her right knee on 04/05/10 revealed a moderate strain of the claimant's anterior cruciate ligament. There was a moderate strain of the fibular collateral ligament of the lateral collateral ligamentous complex. There was an abnormal marrow signal within the lateral tibial plateau extending to the subchondral surface. There was prominent fraying versus a small tear along the posterior horn of the medial meniscus and mild fraying and surface irregularity of the articular cartilage overlying the

medial patellar facet. There was no full thickness defect. The claimant had sessions of physical therapy, which made her knee feel worse. On examination the claimant had a mild knee effusion, was tender to palpation at medial joint line and her range of motion was decreased with flexion of 95 degrees and an extension lag of 10 degrees. Dr. did not give her any cortisone injections because of the documented tear on the MRI. He recommended surgery, which has previously been denied twice.

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

A review of the records provided supports claimant is a woman reported slip and fall off a ladder on xx/xx/xx, MRI on 04/05/10 showed ACL strain lateral collateral ligament strain, marrow signal lateral tibial plateau to subchondral surface fraying verses small tear of the posterior horn of the medial meniscus and fraying within the lateral tibial plateau with mild fraying and surface irregularity of the articular cartilage overlying the medial patellar facet no full; thickness defect. The claimant saw Dr. on 04/09/10 and it was noted that physical therapy had not helped (six sessions), also noted was decreased range of motion with extensor lag decreased flexion to 95 degrees. Dr. recommended surgery on 04/23/10. Dr. on 05/03/10 noted he did not recommend cortisone injection due to torn meniscus and recommended surgery. Based solely on review of the records provided and utilizing ODG Guidelines, the requested right knee evaluation under anesthesia, arthroscopy excisions of meniscus tears procedure would be approved as medically indicated and necessary at this time. The claimant has failed conservative care with tincture of time as well as physical therapy. The claimant is complaining of joint pain and swelling. The claimant has joint line tenderness, decreased range of motion and tenderness at the joint line. The MRI of 04/05/10 confirms meniscus tear. Based on the above, the IRO reviewer's medical assessment is the request is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee: ODG Indications for SurgeryTM -- 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. ([Washington, 2003](#))

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)
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