

SENT VIA EMAIL OR FAX ON  
Jun/10/2010

## P-IRO Inc.

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:**

Left Knee Arthroscopy with Medial Meniscectomy

**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

Office notes Dr. 01/26/10, 01/30/10, 05/11/10

X-rays left knee 01/26/10, 01/30/10

Office notes Dr. 02/05/10, 02/16/10, 03/02/10, 03/16/10, 04/01/10

MRI left knee 02/25/10

Office note Dr. 03/09/10

Office notes, PA-C 04/15/10, 05/06/10

Phone log to patient Dr. 05/17/10

Letter Dr. 05/25/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male claimant with a reported slip and fall injury on xx/xx/xx, which resulted in left knee pain. The claimant was initially diagnosed with a left knee sprain/strain and treated conservatively with medication, physical therapy and bracing. X-rays of the left knee performed on 01/30/10 showed left knee osteoarthritis, mild patella alta and soft tissue swelling of the knee. Continued left knee pain and swelling were reported. A left knee MRI followed on 02/25/10, which showed soft tissue edema in the prepatellar soft tissues anteromedial to the medial tibial plateau and intraosseous ganglia involving the proximal tibia.

An orthopedic evaluation dated 04/15/10 noted the claimant with persistent left knee pain despite therapy and medications. A left knee examination revealed minimal swelling and decreased flexion. X-rays showed no obvious pathology. A cortisone injection was given and continued conservative care recommended. A 05/11/10 follow up physician record noted the claimant with no major improvement. An arthroscopic procedure was recommended.

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

Based on review of the records provided, evidence-based medicine and ODG guidelines, the proposed surgery is medically indicated and necessary at this time. The claimant and the doctor are reporting what appears to be a blocked or locked knee of 90 degrees, which has failed physical therapy and medications and injection therapy, with continued complaints of pain. MRI is equivocal. The treating physician feels the edema suggested a cartilage injury in the medial tibial plateau, and he questions whether there is a loose fragment blocking the knee. The claimant has failed conservative measures over a period now of greater than four months, and thus, the IRO reviewer's medical assessment is that the arthroscopy is medically necessary as a diagnostic and therapeutic treatment.

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

ODG Indications for Surgery™ -- Meniscectomy:

**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)