

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: June 11, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopy with possible arthroscopic right knee meniscectomy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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

TRANSCRIPTION WILL LIST MEDICAL RECORDS HERE WITH SPECIFIC DATES

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Employers First Report of Injury or Illness, xx/xx/xx
- Medical Clinic, 08/16/07
- Texas Workers' Compensation Work Status Report, 08/16/07, 08/20/07, 09/05/07, 09/26/07, 10/15/07, 11/12/07, 12/03/07, 12/26/07, 01/02/08, 01/08/08, 01/16/08, 01/30/08, 02/13/08, 02/25/08, 03/12/08, 10/01/09
- Supplemental Report of Injury,
- Hospital, 08/30/07, 09/05/07, 09/26/07, 10/05/07, 12/03/07, 12/26/07, 01/08/08, 01/16/08, 01/30/08, 02/13/08, 02/27/08, 03/12/08
- Medical Laboratory, 10/08/07
- Rehabilitation Services, 10/15/07

- Physical Therapy and Rehabilitation Services, 10/19/07, 10/26/07, 11/02/07, 11/08/07, 11/12/07, 11/14/07, 11/20/07, 11/30/07, 12/18/07, 12/21/07, 12/28/07, 01/02/08, 01/11/08, 01/16/08, 01/25/08, 02/01/08, 02/05/08
- M.D., P.A., 04/24/08, 05/28/08, 05/30/08, 06/09/08, 06/30/08, 07/29/08, 08/25/08, 08/31/09, 10/01/09, 10/30/09, 11/09/09, 01/11/10, 04/22/10
- M.D., 05/22/08
- 05/28/08
- Solutions, Inc., 06/04/08, 06/24/08
- DWC-69, Report of Medical Evaluation, 08/25/08
- 04/28/10
- Texas Department of Insurance, 06/02/10, 06/03/10
- Claims Management, Inc, 08/03/07
- Group, 06/08/10

Medical records from the Provider include:

- Community Hospital, 08/30/07
- M.D., P.A., 04/24/08, 05/28/08, 06/06/08, 06/09/08, 06/30/08, 07/29/08, 08/25/08, 08/31/09, 10/01/09, 10/30/09, 11/09/09, 12/11/09, 12/29/09, 01/11/10
- Texas Workers' Compensation Work Status Report, 08/25/08, 10/01/09, 10/30/09
- DWC-69, Report of Medical Evaluation, 08/25/08
- 01/02/09
- Heart, 12/11/09
- Special Surgery, 12/21/09

PATIENT CLINICAL HISTORY:

I have had the opportunity to review medical records on this patient. The reported date of injury was xx/xx/xx, and includes a reported injury to the right knee. The initial medical record provided is dated August 30, 2007, and includes an MRI of the shoulder, which was normal, and an MRI of the right knee that disclosed a tear of the medial meniscus. There was also loss of articular cartilage in the medial tibia and femur with accumulated debris and a minimal effusion.

The medical records indicate that an injury occurred in the scope of the patient's employment at xxxx. He was getting a swing set down when his foot slipped and his knee hit a steel bar. He also sustained a traction injury to the left shoulder.

M.D., wrote a letter dated April 24, 2008. Dr. noted the patient had undergone arthroscopic partial medial meniscectomy by Dr. The patient was referred to Dr. for consideration of partial knee replacement. X-rays disclosed advanced medial compartment arthritis of the knee. An Oxford knee replacement was recommended.

On May 28, 2008, the patient underwent Oxford knee replacement by Dr. Following surgery physical therapy was prescribed.

The patient returned to Dr. on June 9, 2009, at which point Dr. stated that the wound is perfect and that the patient looks great and is feeling great.

By June 30, 2008, the patient was very happy and continued to work on his range of motion.

On August 25, 2008, the patient was released to full duty work without restrictions, and was assigned a whole person impairment rating of 15%.

An MRI of the left knee performed on January 2, 2009, was consistent with a degenerative medial meniscus tear.

On August 31, 2009, the patient had developed right knee pain and returned to Dr. X-rays revealed that the replacement was in good position and a cortisone injection was performed. Full duty work was again recommended.

The patient continued to have pain on October 1, 2009. Dr. considered possible arthroscopic surgery.

On October 30, 2009, the patient reported pain and swelling in the left knee and reported that the right knee was doing better. A large effusion was noted.

On November 9, 2009, the patient returned to Dr. An MRI was recommended.

On December 11, 2009, Dr. recommended arthroscopic left knee surgery.

Surgery was performed on December 21, 2009. Partial medial meniscectomy was performed. Extensive degeneration in the knee was noted.

On December 29, 2009, light duty work was recommended.

The final entry into the medical record is dated January 11, 2010. The patient reported lateral right knee pain. Arthroscopy was recommended.

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

The medical records and ODG Guidelines do not support the need for right knee arthroscopy. The patient underwent partial total knee replacement on the medial side due to what appears to have been a degenerative medial meniscus tear. The carrier accepted the medial meniscus tear as compensable, however, and both the arthroscopic surgery and partial knee replacement were performed for the medial meniscus tear. It is noteworthy that the lateral meniscus was intact at the time of the initial MRI and at the time of arthroscopy. Therefore, the medical records and ODG Guidelines do not support the need for a right knee arthroscopy. It is unlikely to improve the patient's symptoms given the fact that MRI and operative findings in the lateral compartment were normal.

I trust that this will be sufficient for your needs.

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

- 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 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)