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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/25/2010

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a left knee scope/possible meniscectomy/chondroplasty or synovectomy 29880, 29881, 29876 and 29877.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 15 years.

### **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)

The reviewer agrees with the previous adverse determination regarding the a left knee scope/possible meniscectomy/chondroplasty or synovectomy 29880, 29881, 29876 and 29877.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: DO.

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 4/16/10 and 5/5/10 denial letters, insurance verification report, 2/1/10 through 4/5/10 reports by DO, 1/13/10 LE MRI report, 3/9/10 report by DO, 3/4/10 report by DO, 3/1/10 through 3/4/10 reports by, DPT,

1/13/10 report by MD, various DWC 73 forms, 1/13/10 left knee MRI report, 2/1/10 knee eval by Dr. Amended Denial letter – 4/16/10.

Dr.: 4/28/10 progress report by Dr..

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was injured at work when he fell onto his buttocks and felt his knee pop. Three sessions of physical therapy provided no relief of 9/10 pain and instability of knee. The physical exam was notable for >200% ideal body weight, tender MJL, effusion and positive McMurray's maneuver. One week of pain relief was provided with intrarticular dexamethasone injection. An MRI is notable only for very small joint effusion and subcutaneous edema in medial prepatellar region, specifically no meniscus tear

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

According to the reviewer, no objective evidence of meniscal tear, chondromalacia, or synovitis exists on MRI in this patient with persistent knee pain. Arthroscopy in patients without objectively demonstrable pathology has a very low yield of good results.

According to the ODG: ODG Indications for Surgery -- Meniscectomy:  
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- 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)**