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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt Lt Knee Arthroscopy 29880

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

M.D., 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

Peer Reviews, 01/04/10 and 02/10/10

MRI Report: 05/21/08

Office Note, Dr.: 04/17/09, 09/16/09 and 12/16/09

Letter, Dr.: 01/07/10

IME Report, Dr.: 11/06/09

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Knee-Menisectomy and Diagnostic Arthroscopy

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported fall on xx/xx/xx with acute complaints of left knee pain, swelling and difficulty weight bearing. MRI evaluation of the right knee performed on 05/21/08 showed osteonecrosis involving the medial condyle of the tibia and femur as well as the intercondylar notch of tibia; osteoarthritic change in the patella; osteoarthritic changes in the lateral and medial condyles of femur and tibia; mild chondromalacia patella; type III medial meniscus tear (anterior and posterior horn and mid portion), and anterior horn and mid portion of the lateral meniscus associated with a very small amount of joint effusion; and myxoid degeneration posterior horn of the lateral meniscus. Dr. saw the claimant on xx/xx/xx and reported a history of diabetes, hypertension, anxiety, obesity and thyroid disease; as well as a prior left knee injury that required arthroscopy in 2003 with complete resolution of her pain until the April 2008 event. Reference was made to prior treatment that included

medications and two steroid injections. It was noted the claimant had not had physical therapy. The claimant was currently taking an anti-inflammatory medication. Physical examination demonstrated that the claimant was moderate to severely overweight at five foot three inches and 248 pounds; normal gait; mild genu varum; mild effusion with slight heat; medial joint line tenderness; motion lacked a few degrees of extension with flexion to 110 degrees; no crepitus or laxity; and no atrophy or weakness.

Radiographs noted osteoarthritic changes with complete narrowing of the medial joint space, moderate to severe spurring, sclerosis, cystic changes and soft tissue calcifications; slight lateral subluxation of the tibia on the femur; and decreased physiologic valgus. Dr. discussed weight loss, exercise, activity modification, assistive devices, bracing, injections, physical therapy and use of medications as conservative management. The claimant continued use of Ibuprofen and underwent steroid injection. She continued regular duty work. On 09/16/09 the claimant reported almost complete relief from the injection with gradual return of symptoms. The claimant was given Lidoderm patches and underwent repeat steroid injection.

An independent medical evaluation was conducted by Dr. on 11/06/09 with notation that the claimant was benefitting from a flexible knee brace. He indicated that a year prior, another physician had recommended left knee arthroscopy to repair the medial meniscus tear and noted that he agreed with that recommendation.

Dr. saw the claimant again on 12/16/09 and stated he disagreed with the recommendation for arthroscopy as that would only provide temporary partial pain relief and recommended total knee arthroplasty for long term pain relief. Conservative care was continued, a prescription for Synvisc was given and the claimant underwent another steroid injection. Dr. wrote an appeal letter on 01/07/10 to address denial of left knee arthroscopy and noted the claimant has failed to respond to conservative care and even though he would personally recommend total knee arthroplasty, the claimant wanted to proceed with arthroscopy for the meniscal tear. Dr. Young indicated this would also be reasonable and medically necessary.

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

According to the ODG Guidelines for meniscectomy surgery, the claimant should have failed conservative care consisting of physical therapy, medication or activity modification. This patient has had cortical steroid injections and been on anti-inflammatories. The ODG states there should be subjective clinical findings of at least one of the two following joint pain, swelling, feeling of giving way or locking, clicking or popping and this patient has swelling and joint pain. ODG states there should be objective clinical findings, positive McMurray's sign, joint line tenderness, and effusion, limited range of motion, locking clicking popping or crepitans, and this patient's exam records show she is tender over the medial meniscus, along the medial joint line and has reproducible popping crepitans. Lastly, there should be imaging findings of a meniscal tear on the MRI, which there are in this case. The proposed left knee arthroscopy satisfies the ODG Guidelines. The reviewer finds that medical necessity exists for Outpt Lt Knee Arthroscopy 29880.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Knee-Meniscectomy and Diagnostic Arthroscopy

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)