

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 03/09/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right knee partial medial meniscectomy

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Records from, M.D., 12/08/09
2. X-rays of the right knee by, M.D., 12/03/09
3. Progress notes by, M.D., 01/06/10 to 02/10/10
4. Physical therapy notes Memorial Hospital, 01/08/10 thru 01/22/10
5. Outcome of requested treatment, 02/19/10 to 02/24/10
6. Case summary report, 02/24/10
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee was injured on xx/xx/xx while working. According to the records, he stepped down a three foot step and lost his balance, and may have hyperflexed his knee.

An MRI of the right knee was performed on 12/08/09 and reported a Baker's cyst posterior medial. There were no meniscus tears and no ligamentous strain. There was minimal thickening of the lateral joint capsule.

The employee was seen by Dr. on 01/06/10 and placed on Meloxicam and light duty.

The employee was sent to physical therapy beginning on 01/08/10. The therapist reported mild pain in the medial knee with valgus stress and deep squatting.

Dr. saw the injured employee again on 01/27/10 and reported continued pain in the knee. He had tenderness to palpation of the medial joint line with a negative McMurray's maneuver. There was no instability and no subpatellar crepitation. The doctor postulated a medial meniscus tear with a Baker's cyst and recommended arthroscopy.

On 02/19/09, M.D., opined that the request for right knee partial meniscectomy was not medically necessary.

Dr. performed a physician review on 02/24/10 and stated the documentation of failure of conservative management done to the employee including physical therapy progress notes, adequate pain medications, and injections were not provided for review. He felt the necessity of the requested surgical procedure was not established.

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

An MRI was performed on 12/08/09 and showed a Baker's cyst and ganglion cyst with no meniscal tears. **Official Disability Guidelines** does not recommend meniscectomy in the absence of meniscal findings. Meniscectomy is a surgical procedure associated with a high risk of knee osteoarthritis. In accordance with **Official Disability Guidelines**, the necessity of the requested surgical procedure was not established.

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

1. Official Disability Guidelines