



REVIEWER'S REPORT

DATE OF REVIEW: 04/08/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Left knee arthroscopy with meniscectomy, abrasive chondroplasty, and lateral retinacular release

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee injury and arthritis

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. xxxxx forms
2. TDI referral forms
3. Draft denial letter, 03/08/10
4. Perspective concurrent review determinations, 08/11/09, 10/07/09, 03/16/10, 03/08/10, 10/07/09
5. Draft denial letter, M.D.
6. Draft denial letter, D.O.
7. Requestor records
8. Request for reconsideration, 03/09/10
9. Preauthorization request, 02/24/10, 09/30/09
10. Notice of disputed issues, 09/25/09
11. Designated Doctor appointment notice, 08/14/09

12. Designated Doctor Evaluation, 09/24/09
13. X-ray reports, 07/16/09
14. MRI scan, 06/19/08
16. Clinical notes, 08/27/09, 07/30/09, 05/08/09, 05/01/09, 04/24/09, 03/03/09, 09/25/09, 09/15/09, 08/24/08, illegible, 10/29/08, illegible, 08/07/08, illegible, 02/03/09
17. xxxxxx, D.C., initial narrative report, 07/02/09
18. Functional Capacity Evaluation, 02/23/10, 07/16/09
19. Physician records
20. MRI scan, lumbar spines
21. Denial letters 10/07/09, 08/11/09, and 03/08/10
22. TWCC work status evaluation, illegible
23. URA records
24. Peer Review, 06/13/09, M.D.
25. MRI scan, left knee, 12/04/08 and 06/19/08
26. Designated Doctor Evaluation, 09/24/09, M.D.
27. xxxxxx., M.D., EMG/nerve conduction study 11/24/08
28. xxxxxx, 10/23/08, D.C.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate female suffered a direct blow injury to the left side of her body, including her left knee, when a gust of wind slammed a heavy metal door into her as she was walking through the doorway. The date of injury is xx/xx/xx. She has had extensive evaluation including multiple MRI scans, multiple physical examinations, and multiple treatment. Her diagnosis includes contusion of the left knee, internal derangement of the left knee including medial meniscus tear, osteoarthritis of the left knee involving tricompartment, and patellofemoral osteoarthritic changes with medial patellar facet chondromalacia. She has undergone a number of treatments including physical therapy, activity modifications, medications including hyaluronic acid Effexa injections. She continues to suffer pain, effusion, and crepitus of the left knee in spite of these treatments. An arthroscopic procedure to include medial meniscectomy, abrasive chondroplasty, and lateral retinacular release has been recommended. It has been considered and denied, reconsidered and denied.

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

There are a number of issues which are raised by this patient's clinical circumstances. Reportedly, she suffered asymptomatic development of osteoarthritis of the left knee. She was asymptomatic until such time as she suffered a direct blow injury with a twisting component and a possible varus stress to the left knee when a gust of wind blew a heavy metal door against her on xx/xx/xx. Her evaluations have resulted in multiple diagnosis including contusion of the left knee, osteoarthritis of the left knee, medial meniscus tear, and patellofemoral osteoarthritic changes including complete loss of cartilage on the medial facet of the patella. Loose fragments have been reported on an MRI scan of the knee.

It would appear that the clinical criteria for this patient's arthroscopic procedure to include medial meniscectomy, abrasive chondroplasty with possible microfracture and/or drilling and lateral retinacular release have been met. The clinical criteria have been met. The compensability has been an issue. The insurance carrier appears to have accepted responsibility for the treatment of medial meniscus tear. The treatment should include in an arthroscopic procedure abrasive chondroplasty, as there are changes of chondromalacia involving the medial femoral condyle and the medial facet of the patella. The patella has been described as riding asymmetrically within the patellofemoral groove, and the apprehension test has been reported as positive. The request for preauthorization of arthroscopic medial meniscectomy, abrasive chondroplasty, and lateral retinacular release should be approved on the clinical basis. The criteria for each of these procedures as published in the ODG 2010 Knee Chapter have been met.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2010 Knee Chapter, meniscectomy, chondroplasty, lateral retinacular release passages.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)