



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 10/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy for medial meniscectomy (29881)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
836.0	29881		Prosp						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of independence of the reviewer
2. TDI case assignment
3. Letters of denial 09/27/10, 09/09/10, including criteria used in the denial
4. Designated Doctor examination 04/26/10, 11/23/09
5. REM 01/12/10 and 03/12/10
6. Peer Review report 01/25/10
7. Operative reports 08/06/09 and 07/14/08
8. Radiology reports 12/14/09, 12/08/09, 07/27/09, 07/03/08, 06/27/08
9. Treating doctors' evaluations with followup exams:
 - o 2010: 08/31, 08/30, 08/03, and 8/01
 - o 2009: 11/30, 11/20, 09/28, 08/21, 08/10, 08/03, 07/28, 07/21, 06/30
 - o 2008: 12/12, 07/30, 07/15, 07/10, 07/01, 06/27

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is over a year and a half status post knee arthroscopy, at which time, he underwent medial and lateral meniscectomies for a work-related injury to the left knee. He continues to have pain in his knee and the operating surgeon feels that all conservative cares have been exhausted and he offered him another knee arthroscopy. Intraoperatively, the patient did have significant chondromalacia of the patellofemoral joint and medial femoral condyle. The request for surgery has been denied by the insurance company as medically unnecessary due to the lack of other conservative measures prior to recommending surgery.

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

I believe the request for repeat knee arthroscopy is not medically reasonable or necessary based on the lack of documentation of the conservative care. The requesting surgeon states that the patient continues to have symptoms over a year and a half after surgery; however, some of the documentation is incomplete. One, he does not document lower levels of care that would be appropriate in a patient such as this, such as anti-inflammatory medications, physical therapy, injectable steroids into the joint or joint fluid therapy, which would be appropriate, particularly in light of the advanced chondromalacia noted in this patient's knee. Two, although the patient has some medial joint line tenderness, he does not report any mechanical symptoms to assist in the diagnosis of a medial meniscus tear versus pain just from chondromalacia. Due to this lack of documentation, I recommend that the denial for this procedure be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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 criteria
- 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.)