

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right knee arthroscopy with medial and lateral meniscectomy

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

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates, Knee Peer Review 10/15/10 , 10/21/10
Dr. OV 04/11/08, 05/09/08, 06/25/08, 07/15/08, 10/08/10
MRI right knee 07/09/08
Utilization review referral 10/11/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported history of right knee pain. The diagnosis is of a right knee medial and lateral meniscal tear and right knee chondromalacia with loose bodies. The records indicated the claimant with a compression type injury to the right knee in xxxx. An MRI of the right knee performed on 07/08/09 showed chondromalacia affecting the medial femoral condyle and lateral tibial plateau, a small tear of the body of the lateral meniscus and probable tear through the medial meniscus. Continued medial and lateral knee pain was reported and arthroscopic treatment was recommended. A 10/08/10 physician record revealed the claimant with progressively worsening right knee pain associated with popping and cracking. X-rays of the right knee showed some very mild degenerative changes both medially and laterally and at the patellofemoral compartment. The previous right knee MRI was reviewed. The treating physician noted the claimant not responding to non-operative treatment and recommended a right knee arthroscopy with treatment of intra-articular pathology as needed.

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

The proposed right knee arthroscopy with medial and lateral meniscectomy would not be considered medically necessary based on the records provided in this case. If one looks to the ODG indications for surgery, meniscectomy -- conservative care which is not required for a locked or blocked knee consisting of physical therapy, medication or activity modification should be attempted first. In this case, there is documentation of administration of anti-inflammatory medications, however no documentation of activity modification or physical therapy.

The ODG Guidelines also require subjective clinical findings at least two present, joint pains, swelling, giving way or locking, clicking or popping. Popping and joint pain is present in this case.

There should be objective clinical findings present of a positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking clicking or popping or crepitance. In this case only medial and lateral joint line tenderness is documented. There is no documentation of a positive McMurray's sign. There is no documentation of crepitance on examination, locking, clicking, popping, effusion or limited range of motion on examination.

Lastly there should be imaging clinical findings present of a meniscal tear on MRI which is present in this case. There is little documentation of appropriate conservative care and/or of the appropriate examination findings. The reviewer finds that medical necessity does not exist for Outpatient right knee arthroscopy with medial and lateral meniscectomy.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates
Knee

ODG Indications for Surgery| -- Meniscectomy

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive)

1. Conservative Care: (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
4. 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-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)