



Notice of Independent Review Decision

DATE OF REVIEW:

09/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee diagnostic arthroscopy.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested left knee diagnostic arthroscopy is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral Forms.
- 09/10/10 MCMC Referral
- 09/08/10 (fax date) note from Utilization Review Unit
- 09/08/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 09/08/10 Notice To Utilization Review Agent Of Assignment, DWC
- 09/08/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 08/25/10 Request For A Review By An Independent Review Organization
- 08/25/10 IRO Summary, M.D.
- 08/18/10 Review Determination letter from DO,
- 08/10/10, 08/04/10 Preauthorization Request, M.D.
- 08/09/10, 08/19/10 UR Determination report from Utilization Review Unit
- 08/09/10 Review Determination letter from D.O.,
- 07/26/10 statement from M.D., Medicine Center
- 07/06/10 EMG/NCV Study, DIR Diagnostics
- 06/09/10, 04/08/10 Re-Evaluation, Rehab Management
- 04/29/10 MRI left knee, Imaging
- 03/08/10 SOAP note, PT, Rehab Management
- 02/18/10 Operative Report, M.D., Medical Center
- 02/08/10 to 07/21/10 handwritten Progress Notes
- 03/29/09 letter from M.D., Health Systems
- 03/24/09 Health Insurance Claim Form
- ODG Guidelines – Knee and Leg Chapter

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who had a slip and non fall on xx/xx/xx at work and developed left knee pain. Based on documentation, she had an original MRI that was negative and then a diagnostic arthroscopy that showed an anterior cruciate ligament (ACL) tear. She came under the care of Dr. and on 02/18/2010 she had a second surgery consisting of a left ACL reconstruction, posterior ligament augmentation and medial and lateral meniscectomy, complete synovectomy, abrasion arthroplasty and removal of adhesions. The operative note makes mention of a finding of Grade 2 – 3 chondromalacia. Postoperatively, despite physical therapy (PT) she has not done well with complaints of left knee pain, popping, locking and give way. An examination by Dr. (unknown date) showed tender joint lines and a positive McMurray's testing. An MRI was ordered which showed postoperative changes with no evidence of recurrent tear or graft failure with no meniscal tear. Dr. recommended a "diagnostic arthroscopy."

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

Based on the Official Disability Guidelines (ODG), conservative care has been carried out with physical therapy and medications meeting the first criteria; the second criteria of pain and functional limitations continue despite conservative care has been met as well; the third criteria has been met as well as the imaging shows no sign of internal derangement, yet the complaint includes locking and the exam showed a positive McMurray's which is inconsistent with the MRI findings. In this case, the imaging is inconclusive and does not correlate with the subjective complaints or clinical exam. A diagnostic arthroscopy is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines

Indications for Surgery: -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS
3. Imaging Clinical Findings: Imaging is inconclusive.