

SENT VIA EMAIL OR FAX ON
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True Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy with Partial Lateral Meniscectomy

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

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

OD Guidelines

X-rays right knee, 01/15/10

MRI right knee, 03/10/10

Office notes, Dr., 03/17/10, 05/04/10, 06/04/10, 06/23/10, 08/05/10

Surgery, 4/09/10

MRI right knee, 06/18/10

Peer review, 07/01/10, 07/20/10

Letter to insurance, Dr., 07/08/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his right knee on xx/xx/xx when he twisted his right knee as he tried to get out of the way of a falling object. An MRI of his right knee on 03/10/10 showed knee effusion, tricompartmental osteoarthritis and an intrameniscal tear of the posterior horn of the right medial meniscus, felt to be degenerative. The claimant underwent right partial medial and lateral meniscectomies, a chondroplasty of the medial and lateral compartments and a microfracture of the lateral femoral condyle on 04/09/10. The claimant initially did well after surgery, but after twisting his knee he started to have a recurrence of pain. A repeat MRI of his right knee on 06/18/10 showed a lateral meniscal tear. A horizontal cleavage component affected the lateral meniscus anterior horn. Postoperative changes of the medial meniscus without a recurrent tear were identified. When the claimant saw Dr. on 06/23/10, he continued to complain of right lateral knee pain with locking, catching and falling. On examination, the claimant walked with a limp and was tender to palpation over the lateral joint line. Dr. recommended the claimant have a right knee arthroscopy with a partial lateral meniscectomy. This was non-certified on 07/01/10 because there were no physical therapy progress notes provided to validate the claimant's participation or documentation of response from previous treatment that would have defined treatment failure to fully establish the medical necessity of the requested surgery. An appeal letter date 07/08/10 from Dr. reported that the claimant did well initially after his right knee arthroscopy but had an episode where he twisted his knee and started to have a recurrence of his pain. It also stated that the claimant's condition was deteriorating and recommended the knee arthroscopy. The right knee arthroscopy was non-certified in another peer review on 07/20/10 due to insufficient clinical documentation submitted for review. It was indicated that there would need to be documentation demonstrating the claimant's progress or lack of progress throughout his physical

therapy treatment in order to consider the request. An office note from Dr. on 08/05/10 indicated that the claimant continued to have right knee pain and difficulty walking. He was unable to fully extend his knee and when walking had severe pain, swelling and quadriceps muscle spasms. He walked with a severe limp and his range of motion was 10 to 120 degrees. He was unable to fully extend due to pain, locking and mild effusion. He was tender to palpation over the lateral joint line. Dr. indicated that he was submitting another request for surgery. He explained that physical therapy was never started as the claimant fell before he was to start therapy and reinjured his knee. Dr. felt that the claimant needed surgery to prevent any stiffness and further damage to his articular cartilage.

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

The proposed right knee arthroscopy with partial lateral meniscectomy, is medically necessary and appropriate based upon review of the records in this case.

If one looks towards the Official Disability Guidelines indications for meniscectomy, conservative care should be attempted first but is not required for a locked or blocked knee. In this case, the claimant has a blocked knee with range of motion from 10 to 120 degrees of flexion. There should be subjective clinical findings present of joint pain, swelling, a feeling of giving way, locking, clicking, or popping. In this case, joint pain is present, as are mechanical symptoms. There should be objective clinical findings of a positive McMurray's sign, joint line tenderness, effusion, limited range of motion, locking, clicking, popping, or crepitus. In this case, an effusion and joint line tenderness is documented. Lastly, there should be imaging and clinical findings present of a meniscal tear on MRI. In this case, the MRI does demonstrate a new lateral meniscus tear.

As the claimant has a locked or blocked knee, right knee arthroscopy with partial lateral meniscectomy would be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg:
ODG Indications for SurgeryTM -- 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.

([Washington, 2003](#))

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)