

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 20, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee Arthroscopy with medial meniscectomy.

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

This physician is Board Certified by American Board of Orthopedic Surgeons with 43 years of experience.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, an MRI of the left knee was performed. Impression: 1. There is a small left knee joint effusion. 2. There is a small Baker's cyst measuring 0.5 x

1.0 x 2.3 cm. 3. Probable mild sprain of medial collateral ligament. The medial collateral ligament remains intact. 4. There is swelling and edema within the subcutaneous tissues over the anterior aspect of the left knee anterior to the patella and patellar tendon. 5. There is mild linear grade II degenerative signal within the posterior horn of the medial meniscus, without evidence of a meniscal tear.

On xx/xx/xx, M.D. performed an over-read of the MRI of the left knee. Impression: Findings most consistent with a small tear in the posterior horn medial meniscus. Fluid is seen around the MCL complex and along the posterior horn medial meniscus and medial knee joint.

On July 1, 2010, the claimant was evaluated by M.D., an orthopedic surgeon. He has been treated with ice modalities, tens unit and therapy modalities, however he is still having quite a bit of discomfort. He is using a cane to ambulate. Impression: Left knee sprain and contusion in the setting of mild osteoarthritis that was asymptomatic prior to this injury. The claimant is to continue therapy modalities.

On July 15, 2010, the claimant was re-evaluated by M.D. He is not having discomfort that he felt before. His knee has returned to normal. His range of motion is normal, no pain with movement or palpation. Dr. stated he can return to work full duty.

On July 20, 2010, the claimant was re-evaluated by M.D. His pain and swelling has returned significantly. He denies new injury. His increased activity has caused the discomfort. Examination shows 1+ effusion and tenderness to palpation. Dr. injected the claimant's knee with 40mg Depo-Medrol and 5 cc of 1% Lidocaine.

On August 3, 2010, the claimant was re-evaluated by M.D. The injection helped for a one week at most. Examination revealed trace of knee effusion, discomfort to palpation is noted along the joint lines, and ligaments are stable to stress. The claimant did have some discomfort with MCL testing but no instability is seen. Dr. suggested a knee brace to provide any symptomatic relief. Plan: The claimant has continued pain and inflammation in his knee. Naproxen was refilled and again use of that medication was discussed.

On August 24, 2010, the claimant was re-evaluated by M.D. The conservative modalities tried thus far have not provided long-lasting relief. He does feel some popping with movement. Dr. stated he is going to have another radiologist review the MRI to see if there is agreement about the meniscus.

On September 9, 2010, M.D. an orthopedic surgeon, performed a utilization review on the claimant. Rational for Denial: The current imaging does not document meniscal tear. Therefore, it is not certified.

On September 28, 2010, , M.D. an orthopedic surgeon, performed a utilization review on the claimant Rational for Denial: The documentations of failure of conservative care were not provided for review. Clinical information did not provide objective documentation of the claimants clinical and function response from the mentioned injection. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the left knee when his foot caught in a pothole causing the knee to twist, causing him to fall to the ground. He is an obese adult male.

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

Based on the fact that the claimant has undergone an appropriate amount of conservative care (i.e. medications, injections, and durable medical equipment), documented on pain, swelling, and functional limitations on physical examination, and based the on MRI findings the previous decisions are overturned. Based on the ODG Guidelines the claimant meets the criteria for left knee arthroscopy with medial meniscectomy.

ODG 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.

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- 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 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)