

## **AccuReview**

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 28, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient right knee arthroscopic 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 and Rehabilitation 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**

There is an Employers First Report of Injury that states the claimant sustained an injury to the right knee when he was getting into the truck and his knee popped.

On January 26, 2010, X-rays were taken of the right knee. Impression: Small spur patella. No signs of injury and the remainder of the knee is unremarkable.

On February 1, 2010, an MRI of the right knee was performed. Impression: Probable sever partial thickness tear or complete tear to the ACL. PCL is intact. Quadriceps tendon is intact. Slight edema about the MCL suggests type I sprain to the MCL. The LCL is intact. Degenerative changes to the posterior horns of the menisci are seen. No apparent tear is seen to the lateral meniscus. There does appear to be a tear to the inner aspect of the medial meniscus, with truncation seen on coronal and sagittal images to the posterior horn of the medial meniscus. A small amount of joint effusion is seen, with a slight patellar tilt and minimal lateral patellar subluxation as interpreted by D.O.

On February 19, 2010, the claimant was evaluated by, M.D. Impression: Right knee anterior cruciate ligament tear. Dr. referred her to an orthopedist.

On February 22, 2010, the claimant began physical therapy of the right knee, three times a week for 2 weeks.

On March 8, 2010, the claimant was evaluated by, M.D., an orthopedic surgeon. Dr. recommended right knee surgery.

On March 24, 2010, the claimant was re-evaluated by, M.D. She appears to have anterior laxity, no joint effusion, good quad control and full range of motion.

On April 16, 2010, the claimant was re-evaluated by, M.D. She has little change from the last examination. She is progressing with her physical therapy.

On May 7, 2010, the claimant was re-evaluated by, M.D. She feels she is improving with physical therapy and wishes to continue. Dr. recommended an FCE to determine if she would benefit from further physical therapy or work conditioning.

On June 11, 2010, the claimant was re-evaluated by, M.D. She stated she participated in an FCE on 5/7/10 which stated she would benefit from further physical therapy.

On June 14, 2010, the claimant re-started physical therapy of the right knee, three times a week for 4 weeks.

On June 25, 2010, the claimant was re-evaluated by, M.D. She has noted more crepitus in her knee; she is not able to work more than 8 hours without severe pain. Dr. recommended right knee arthroscopic surgery.

On July 19, 2009, the claimant was re-evaluated by M.D. She was counseled to not have her ACL repaired since she is xx, however she was advised to go ahead with an arthroscopic surgery to address her meniscus.

On August 9, 2010, the claimant was re-evaluated by, M.D. She noted popping and locking and he knee swells with any prolonged activities outside of work.

On July 26, 2010, , M.D., an orthopedic surgeon performed a utilization review on the claimant. Rationale for denial: The claimant has no effusion and has full range of motion of the knee. There is no mention of knee locking or any other mechanical sign. The MRI demonstrates no meniscal tear. Therefore it is not certified.

On August 17, 2010, , M.D., an orthopedic surgeon performed a utilization review on the claimant. Rationale for denial: It would be surprising to tear your ACL getting into a truck. She also had degenerative changes in the posterior horn of the medial meniscus but no tear. Therefore it is not certified.

**PATIENT CLINICAL HISTORY:**

On the claimant sustained an injury to the right knee when she was getting into a truck and felt her knee pop.

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

The previous decisions are upheld. The claimant has no joint effusion and full range of motion of the right knee. Furthermore, there is no mention of the knee locking or any other mechanical signs, and the MRI of the right knee did not reveal a meniscal tear.

**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)