

I-Decisions Inc.

An Independent Review Organization

5501 A Balcones Drive, #264

Austin, TX 78731

Phone: (512) 394-8504

Fax: (207) 470-1032

Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee medial meniscectomy chondroplasty marcaine w/ epinephrine 29881 29877
64450

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

MRI right knee 06/25/10

Dr. 07/14/10, 08/09/10

07/14/10, 7/26/10, 08/18/10 request for surgery

Peer Review 07/29/10

08/26/10, 07/30/10

Official Disability Guidelines 2010 Knee-Meniscectomy

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx when he was using a crowbar, it slipped and he fell back injuring his neck, head, and back, as well as his right knee. A 06/25/10 MRI of the right knee showed a small effusion. There was a ganglion in the posterior capsule and the posterior cruciate ligament. Mild subcutaneous edema was seen. There was thickening of the fibular ligament, proximal medial collateral ligament and distal biceps femoris of uncertain chronicity. Possible interstitial tear of the medial collateral ligament or fluid in the bursa was appreciated. Diffuse moderate patellar tendinosis and tricompartmental osteophytosis was noted. There was suggestion of a loose body along the posterior-superior aspect of the degenerated medial meniscus. He had severe medial and moderate to severe patellofemoral cartilage loss and joint space narrowing, severe degeneration and tearing of the medial meniscus and a discoid lateral meniscus with degenerative signal.

On 07/14/10, Dr. noted the claimant had head, neck, lumbar, and right knee pain. There was reported right knee popping, grinding and give way. The examination documented the claimant had medial joint line tenderness with a positive medial McMurray. Arthroscopy was recommended but denied. The 08/09/10 visit with Dr. indicated the patient still had right knee pain. There was an antalgic gait. Motion was 3-5 degree loss of extension with flexion to 90 degrees. McMurray remained positive. Dr. noted the MRI showed tricompartmental degenerative change and a medial meniscus tear. Arthroscopy was recommended but denied again.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The records for this claimant do not support that surgery is medically necessary at this time. Although there are complaints and some findings that would meet Official Disability Guidelines recommendations, the records fail to document that this claimant has had and failed a full course of conservative care. That care would include physical therapy directed at the knee, routine dosing of anti-inflammatory medication, activity modification at work and home and a steroid injection that may well be beneficial based on the underlying degenerative change. This claimant does have documented tricompartmental degenerative changes and, to meet the ODG criteria for surgery, all measures of conservative care should be exhausted as arthroscopy for degenerative change does not always lead to improvement. The reviewer finds that medical necessity does not exist at this time for Right knee medial meniscectomy chondroplasty marcaine w/ epinephrine 29881 29877 64450.

Official Disability Guidelines 2010 Knee-Meniscectomy

Recommended as indicated below for symptomatic meniscal tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings. (Kirkley, 2008) Meniscectomy is a surgical procedure associated with a high risk of knee osteoarthritis

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)