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**Notice of
Independent
Review Decision**
DATE OF REVIEW:
09/23/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:

29870 ARTHROSCOPY KNEE DX W/WO SYNOVI

29881 ARTHROSCOPY KNEE SURG; W/MENISECT

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

Texas Board Certified Orthopedic Surgeon

Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 01/05/10 - Clinical Note - NP
2. 01/05/10 - Radiographs Left Knee
3. 01/05/10 - Physical Therapy Prescription
4. 01/12/10 - Physical Therapy Knee Evaluation
5. 01/13/10 - Clinical Note - NP
6. 01/19/10 - Physical Therapy Notes
7. 01/19/10 - MRI Left Knee
8. 01/22/10 - Physical Therapy Notes
9. 01/29/10 - Physical Therapy Notes
10. 02/04/10 - Physical Therapy Notes
11. 02/05/10 - Physical Therapy Notes
12. 02/16/10 - Physical Therapy Notes
13. 02/18/10 - Physical Therapy Notes
14. 02/24/10 - Clinical Note -, MD
15. 03/24/10 - Clinical Note -, MD
16. 04/14/10 - Letter -, MD
17. 05/19/10 - Clinical Note -, MD
18. 06/04/10 - Designated Doctor Evaluation
19. 06/04/10 - Report of Medical Evaluation
20. 06/25/10 - Clinical Note -, MD
21. 07/28/10 - Clinical Note -, MD
22. 07/28/10 - Texas Work Status Report
23. 08/25/10 - Texas Work Status Report
24. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he slipped and fell at work, twisting his left knee.

The employee saw N.P., on the date of injury with complaints of left knee pain and mild swelling. Physical examination revealed mild swelling of the left knee. The employee was prescribed Motrin 800 mg and was

referred for physical therapy. Radiographs of the left knee performed on 01/05/10 were normal with no evidence of fracture, dislocation, or joint effusion.

An MRI of the left knee performed 01/19/10 demonstrated Grade I chondromalacia patella. The medial meniscus and lateral meniscus were noted to be normal. The employee attended six sessions of physical therapy from 01/22/10 through 02/18/10. The 02/18/10 physical therapy note stated the employee was able to perform all of the exercises without complaints of pain. The employee was able to perform thirty wall squats with a three second hold. The employee was discharged from physical therapy as all goals were met.

The employee saw Dr. on 02/24/10 with complaints of left knee pain. Physical examination revealed no effusion. Range of motion of the knee was zero to 140 degrees. There was tenderness along the medial patella facet. There was slight tenderness along the medial joint line and lateral joint line. McMurray's was negative. There was no excess of laxity of the medial or lateral collateral ligaments. Lachman's was negative. There was full range of motion of the hips. The employee was assessed with posttraumatic chondromalacia of the left knee. The employee was given a steroid injection to the left knee.

The employee saw Dr. on 03/24/10. The employee reported no improvement from the injection. The employee reported popping sensations in the knee. Physical examination revealed tenderness along the inferior patella. There was tenderness along the medial joint line. There was marked pain and some crepitation with medial McMurray maneuver. There was pain with compression of the patellofemoral joint. The employee was recommended for arthroscopic surgery of the left knee.

The request for arthroscopy knee surgery w/wo synovi and arthroscopy knee surgery with meniscectomy was denied by utilization review on 04/05/10 due to lack of evidence of meniscus tear on imaging studies and lack of positive McMurray's on exam. The review stated the employee may be a candidate for a diagnostic knee arthroscopy, but the request was for arthroscopy with meniscectomy.

The request for arthroscopy knee surgery w/wo synovi and arthroscopy knee surgery with meniscectomy was denied by utilization review on 04/09/10 due to lack of documentation of amount of physical therapy completed by the employee. There was no imaging evidence of meniscus tear. The employee was felt to be a candidate for a diagnostic knee arthroscopy, but the request was for arthroscopy with meniscectomy. The request for arthroscopy knee surgery w/wo synovi, and arthroscopy knee surgery with meniscectomy was denied by utilization review on 04/22/10 due to lack of objective evidence consistent with meniscus tear.

The employee saw Dr. on 05/19/10. The employee reported popping sensations of the left knee. The employee stated the left knee catches and gives out. He has difficulty standing or walking for long periods of time. Physical examination revealed atrophy of the vastus medialis obliquus. There was marked tenderness along the medial joint line. McMurray's was positive. There was pain with compression of the patellofemoral joint. The employee was recommended for arthroscopic surgery of the left knee.

A Designated Doctor Evaluation was performed on 06/04/10. The employee presented with left knee pain, as well as numbness, pins and needles, and weakness. The employee rated the pain at 6 out of 10 on the visual analog scale. The pain worsened with standing, walking, pushing, pulling, and sexual activity. Prior treatment included one week of physical therapy, two sessions of massage therapy, two sessions of ultrasound, and one steroid injection. The employee reported no improvement from conservative care. Physical examination revealed tenderness to palpation of the left knee. McMurray's and Lachman's were negative. Range of motion of the bilateral knees was within normal limits. Sensation testing was within normal limits. The employee was assessed with left knee strain and chondromalacia of the patella. The employee was not placed at MMI at that time. The employee was recommended for diagnostic arthroscopy.

The employee saw Dr. on 06/25/10. Physical examination revealed tenderness along the medial joint line with positive McMurray examination. The employee was recommended for left knee arthroscopy.

The request for arthroscopy knee surgery w/wo synovi and arthroscopy knee surgery with meniscectomy was denied by utilization review on 07/16/10 due to negative McMurray's, negative Lachman's, and no imaging findings of a medial meniscus or lateral meniscus tear.

The employee saw Dr. on 07/28/10 with continued left knee pain. The employee had difficulty with bending and climbing stairs. There was pain with squatting. Physical examination revealed tenderness along the medial joint line with a positive McMurray's. The employee was recommended for arthroscopic surgery to the knee.

The request for arthroscopy knee surgery w/wo synovi and arthroscopy knee surgery with meniscectomy was denied by utilization review on 08/05/10 due to lack of clinical objective findings of joint pain or swelling, and there was no objective meniscal pathology or other pathology other than Grade I chondromalacia of the patella on MRI.

The employee saw Dr. on 08/25/10 with continued pain complaints. Physical examination revealed tenderness along the medial joint line with positive McMurray's. There was pain with flexion. The employee was assessed with internal derangement of the left knee. The employee was recommended for arthroscopic examination/surgery of the left knee.

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

The requested left knee arthroscopy with synovectomy and meniscectomy is not indicated as medically necessary based on ***Official Disability Guidelines***. The employee has continuing left knee pain with positive McMurray's test and medial joint line tenderness. The employee has not improved with physical therapy. Although the employee is symptomatic, the MRI study provided for review reveals no evidence of a medial or lateral meniscus tear. Per guidelines, meniscectomy procedures are recommended only when there is confirmatory evidence on imaging studies of a meniscal tear.

Given the lack of objective evidence in the MRI studies of a meniscal tear in the left knee, the request as submitted is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Online Version, Knee and Leg Chapter