

SENT VIA EMAIL OR FAX ON
Mar/28/2011

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LT Knee Arthroscopy Medial Lateral Menisctetomy

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

Board Certified Orthopedic Surgeon (Joint)

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

1. Notification of adverse determination 01/20/11 regarding left knee arthroscopy medial lateral meniscectomy
2. Notification of reconsideration determination 02/07/11 regarding non-certification Left knee arthroscopy medial lateral meniscectomy
3. New patient evaluation 12/13/10
4. Follow up evaluation reports 01/12/11 through 02/24/11
5. MRI of the left knee 01/04/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX-year-old female whose date of injury is XX/XX/XX. Records indicate the injured employee was getting out of a chair and hit her knee on the leg of the chair and has had pain ever since. Injured employee was seen for new patient evaluation on 12/13/10. Physical examination at that time reported the injured employee to be hypersensitive with palpation to everywhere you palpate. There was not a spot that was not sensitive. There were no effusions. There was no instability, but any provocative test position was met with grimace and pain that seems to be out of proportion expected from physical examination. The injured employee was wearing knee immobilizer, which was over the tibia, not even over the knee. It was noted that there were no objective findings; this was all completely subjective on exam. Radiographs were reviewed and reported as negative. MRI of the left knee was performed on 01/04/11 and revealed a grade 1 strain of the medial collateral and lateral collateral ligaments. There were minimal tricompartmental osteoarthritic changes including joint space narrowing and small osteophyte formation. The lateral meniscus and medial meniscus were normal. Injured employee was seen in follow up on 01/12/11. On examination there was tenderness over both medial and lateral joint lines. There was tenderness over the patella. There was some tenderness posteriorly. Range of motion was full. MRI films were reviewed and noted to show both tears of the medial and lateral menisci. The rest of the joint looks fine. There is no evidence of abnormality of articular cartilage, bony structure or ligaments. Injured employee was recommended to undergo left knee arthroscopy, medial and lateral meniscectomy.

A utilization review was performed on 01/20/11 by Dr. who determined the request for left knee arthroscopy medial lateral meniscectomy to be non-certified. Dr. noted that the injured employee complains of left knee pain. On physical examination there was tenderness over the medial and lateral joint line. MRI scan of the left knee showed grade I strain of the medial collateral and lateral collateral ligaments, minimal tricompartmental osteoarthritis changes including joint space narrowing and small osteophyte formation. Treatment was noted to have included medication, crutches and a knee immobilizer. However there is no documentation of one additional objective clinical finding and meniscal tear on MRI. As such Dr. determined the appropriateness, medical necessity and anticipated benefits of the requested procedure were not sufficiently substantiated.

A reconsideration/appeal request was reviewed by Dr. on 02/07/11. Dr. noted that after speaking with the requesting provider, no added clinical are needed. With the MRI report showing no meniscal pathology the request is not certified. Dr. noted per medical report dated 12/13/10 the injured employee complains of left knee pain. The physical examination reveals no effusion, no instability, but any provocative test was met with grimace and pain out of proportion as would be expected from the physical examination, no objective findings and all completely subjective on exam. MRI showed no evidence of meniscal tear to warrant the proposed procedure. Furthermore, Dr. noted that conservative management was the cornerstone of initial treatment of knee problems. However there was no documentation with regard to failure of the injured employee to respond to conservative measures such as evidence based exercise program and medication prior to proceeding with surgical intervention.

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

Based on the clinical data presented for review, the request for left knee arthroscopy medial lateral meniscectomy is not recommended as medically necessary. The injured employee is noted to have sustained a contusion to the left knee when she got out of her chair and hit her knee on the leg of the chair. On initial evaluation injured employee was noted to have subjective complaints out of proportion to objective findings. Plain radiographs of the knee were negative. MRI of the left knee reported grade 1 strand of the medial collateral and lateral collateral ligaments, with minimal tricompartmental osteoarthritic changes. There was no evidence of meniscal pathology. The requesting provider was noted to dispute the findings as reported on radiology report of left knee MRI; however, no reread or over read of the MRI films was documented. Moreover, there was no documentation that the injured employee had any significant conservative care other than an immobilizer (which on initial evaluation was noted to be over the tibia and not even over the knee) and crutches. There is no documentation that the injured employee had a course of physical therapy, medications, or corticosteroid injection of the left knee. Accordingly, medical necessity is not established for left knee arthroscopy medial lateral meniscectomy.

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)