

SENT VIA EMAIL OR FAX ON

Apr/18/2011

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy Meniscal Debridement, Chondroplasty possible lateral release

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

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)

Right knee arthroscopy meniscal debridement is indicated as medically necessary

Chondroplasty and possible lateral release is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Initial orthopedic evaluation and follow-up notes M.D. 09/22/09-01/25/11
2. MRI right knee 08/04/09
3. Physician reviewer final report 02/14/11 regarding non-certification right knee arthroscopy meniscal debridement, chondroplasty with possible lateral release
4. Reconsideration / appeal letter Attorney at Law 03/01/11
5. Preauthorization request form
6. Physician reviewer final report regarding non-certification reconsideration appeal request right knee arthroscopy meniscal debridement, chondroplasty with possible lateral release
7. Claimant's request for review by Independent Review Organization, Attorney at Law 03/31/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is XX/XX/XX. Records indicate the injured employee was injured when she slipped and fell onto her right side. The injured employee was also treated for right shoulder injury. She underwent operative intervention on 08/25/08 which included arthroscopic rotator cuff repair. The injured employee was noted to have significant adhesive capsulitis symptoms and recurrent difficulty with right shoulder. MRI of the right knee dated 08/04/10 revealed an inferior oblique surface tear of the posterior horn of the medial meniscus; complex tear of the posterior horn of the lateral meniscus; mild to moderate chondromalacia patella with subcortical patellar degenerative cyst. Physical examination of the right knee on 09/22/09 revealed nonantalgic gait. The injured employee had full extension, flexion to 135 degrees. McMurray testing was only questionably positive for medial and lateral compartment pain. Homan's sign was negative. There was no

appreciable effusion. Patellar apprehension sign was mildly positive with mild crepitation. Radiographs of the knee did not reveal significant degenerative changes. Office note dated 03/11/10 noted the injured employee continues to have difficulty with right knee. She complains of mechanical symptoms, intermittent swelling. She has pain both medially and laterally along with anterior aspect of knee. Examination reported McMurray testing positive for both medial and lateral compartment pain. There was patellofemoral crepitation noted. Apprehension sign was positive. The injured employee was able to fully extend the knee, flexion to 140 degrees. On 04/08/10 the injured employee was seen in follow-up and it was noted that operative intervention for right knee was denied on basis of physical findings and lack of conservative treatment. On 01/25/11 the injured employee was noted to have increasing difficulty with the right knee, complaining of catching and popping and mechanical symptoms. The injured employee has intermittent swelling. She has giving way episodes. She has pain over the anterior aspect of the knee.

A request for right knee arthroscopy with meniscal debridement, chondroplasty, and possible lateral release was reviewed by Dr. on 02/14/11. Dr. determined the request to be non-certified. Dr. noted the injured employee had ongoing knee pain with catching and popping as well as mechanical symptoms and intermittent swelling. Examination notes full extension to 125 degrees. McMurray's testing was noted to be positive for medial and lateral compartment pain with 1+ effusion. MRI was said to reveal evidence of medial and lateral meniscal tear along with chondromalacia changes about the patellofemoral region. The injured employee failed conservative treatment, epidural steroid injections and range of motion exercises. Dr. noted that the injured employee may or may not require surgical intervention. He noted there was no evidence of trial and failure of viscosupplementation, and no formal imaging report was provided for review.

A reconsideration / appeal request for right knee arthroscopy meniscal debridement, chondroplasty possible lateral release was reviewed by Dr. on 03/08/11. Dr. noted the injured employee had a X year history related to fall and reportedly still has knee pain. She has tried and failed physical therapy, but no records were attached. Dr. noted the clinical exam was lacking documented tenderness in joint line. The MRI does not demonstrate full thickness changes with chondromalacia, and therefore does not meet criteria for chondroplasty. Dr. noted this procedure is best reserved for small full thickness defects in younger patients and is still of questionable benefit. Clinical examination was noted to now indicate a positive apprehension sign, whereas past clinical notes were inconclusive on this. Dr. further noted there were no clinical complaints noted of patella subluxation or dislocation, and lateral release in this age group is very unusual. Dr. noted the injured employee clearly does not meet criteria for chondroplasty or lateral release with no documentation of the diagnosis required for these procedures: full thickness chondral defect or patellar dislocation.

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

Based on the clinical information provided, the request for right knee arthroscopy meniscal debridement is indicated as medically necessary; however, chondroplasty and possible lateral release is not recommended as medically necessary. The injured employee is noted to have sustained an injury secondary to a slip and fall onto right side. The injured employee apparently injured her right knee as well as right shoulder which required arthroscopic rotator cuff repair performed 08/25/08. The injured employee continued to complain of right knee problems. MRI performed on 08/04/09 revealed inferior oblique surface tear of posterior horn of medial meniscus as well as complex tear of posterior horn of lateral meniscus. There was mild to moderate chondromalacia patella with subcortical patella degenerative cyst. On initial orthopedic examination the injured employee had nonantalgic gait. She was able to fully extend the knee with flexion to 135 degrees. McMurray's test was questionably positive for medial and lateral compartment pain. There was no appreciable effusion. Patellar apprehension sign was mildly positive with mild crepitation. On subsequent examination McMurray's test was reported as positive both for medial and lateral compartment pain with 1+ effusion noted. Apprehension sign was reported as positive. There was no evidence of ligamentous instability. Records indicate the injured employee had undergone conservative treatment including therapy, medications and intraarticular steroid injections. Noting there

was no evidence of full thickness chondral defect, and near full range of motion, the proposed chondroplasty was not indicated as medically necessary. There was no evidence of recurrent dislocation to the patella and no evidence of lateral tracking of patellar. No increased Q angle was documented. No radiographic evidence of patellar tilt was documented. As such, medical necessity was not established for possible lateral release. The injured employee does have evidence of a complex tear of the posterior horn of the lateral meniscus and an inferior oblique surface tear of the posterior horn of the medial meniscus. As such, arthroscopic meniscal debridement would be appropriate.

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)