

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** August/01/2011

**IRO CASE #:**

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

Right knee arthroscopy with meniscectomy

**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**

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Knee and Leg

Workers' Comp Services, 7/13/11/, 7/13/11

Peer Review: 06/17/11

Dr., Medical Evaluation: 05/04/11

MRI Report Right knee: 07/26/10

Dr., OV: 05/20/10, 06/23/10, 07/29/10, 12/06/10

Physical Therapy Notes: 07/06/10-08/04/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male, who sustained a work related injury to his right knee on xx/xx/xx when he was involved in an 18-wheeler accident. The claimant initially complained of right knee pain. X-rays of his right knee showed no fractures, dislocations or joint narrowing. The claimant had 12 sessions of physical therapy for his knee and other body parts injured in the accident. An MRI of the claimant's right knee on 07/26/10 showed a 1.5 x 1.5 centimeter grade 3 chondromalacia at the posterior medial femoral condyle involving the posterior horn medial meniscus. There was a greater than 5 centimeter trizonal cleavage tear with small parameniscal cysts of the lateral meniscus. There was a 2.5-centimeter oblique tear in the posterior horn of the medial meniscus. When the claimant saw Dr. on 05/04/11 for a medical evaluation, he complained of pain in his right knee but no other subjective findings were documented. On examination the claimant had tenderness to palpation along his medial and lateral joint lines. His active range of motion was decreased and he had slight crepitus with range of motion. The claimant had a negative McMurray's and demonstrated no instability. The claimant was on Ibuprofen, Lortab and Ultracet. Dr. recommended a right knee arthroscopy with meniscectomy. This was noncertified by peer reviews.

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

The records reflect that this is a male with radiographs, which do not demonstrate any joint space narrowing. Previous care had included 12 sessions of physical therapy, anti-inflammatory, and narcotic medications. He complains of joint pain and has tenderness on examination including decreased range of motion and medial joint line tenderness. MRI documented a chondromalacic lesion of the medial femoral condyle, as well as tearing of the lateral and medial menisci. The Official Disability Guidelines are satisfied based on review of the available records. The reviewer finds that medical necessity exists for Right knee arthroscopy with meniscectomy.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Knee and Leg

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)