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Notice of Independent Review Decision

DATE OF REVIEW: 12/30/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEAL Left Knee Arthroscopy 29881
Request Received Date 12/09/2010

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. 08/11/10 - Clinical Note - RN, FNPC
2. 08/11/10 - Radiographs Left Knee
3. 08/11/10 - Radiographs Lumbar Spine
4. 08/11/10 - Radiographs Left Hip
5. 08/19/10 - Clinical Note - RN, FNPC
6. 08/23/10 - Clinical Note - RN, FNPC
7. 08/30/10 - MRI Left Knee
8. 09/07/10 - Clinical Note - MD
9. 09/07/10 - Texas Work Status Report
10. 09/14/10 - Clinical Note - RN, FNPC
11. 09/28/10 - Clinical Note - RN, FNPC
12. 10/06/10 - Physical Therapy Note
13. 10/13/10 - Clinical Note - RN, FNPC
14. 10/22/10 - Physical Therapy Note

15. 10/27/10 - Clinical Note - RN, FNPC
16. 11/08/10 - Physical Therapy Note
17. 11/08/10 - Designated Doctor Evaluation
18. 11/08/10 - Report of Medical Evaluation
19. 11/30/10 - Clinical Note - MD
20. 12/06/10 - Utilization Review
21. 12/07/10 - Utilization Review Referral
22. 12/14/10 - Utilization Report
23. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she knelt down and felt a burning pain in the left knee. The employee works.

The employee was seen for evaluation on the date of injury. Physical examination revealed difficulty arising from a sitting position. There was palpable tenderness in the left lower back area to palpation over the sacroiliac joint. There was tenderness in the hip with range of motion. There was tenderness in the knee to palpation. Weight bearing on the left side caused discomfort. The employee was unable to squat or lunge without significant tenderness. The employee was assessed with left hip, left knee, and left lower back pain and strain. The employee was prescribed Mobic.

Radiographs of the left knee performed demonstrated mild underlying osteoarthritis. There was no radiographic evidence of acute bony abnormality. Radiographs of the lumbar spine performed demonstrated scattered spondylosis was identified, evidenced by mild loss of disc height and anterior hypertrophic features. There was mid and lower lumbar facet arthrosis noted. No definite pars defects were evidenced. The sacroiliac joints were grossly congruent. Radiographs of the left hip performed demonstrated no radiographic evidence of acute bony abnormality. There are scattered enthesopathic features.

An MRI of the left knee performed 08/30/10 demonstrates small left knee joint effusion. There was mild osteoarthritic change involving each meniscus. There was a 9 mm intracondylar notch cyst. There was no evidence of an articular surface tear of either meniscus.

The employee saw Dr. on 09/07/10. Physical examination revealed full range of motion of the left knee with no effusion. There was mild tenderness about the lateral joint line. McMurray's was minimally tender. The knee was stable to ligamentous examination. The employee was prescribed a Medrol Dosepak.

The employee was seen for evaluation on 09/28/10. Physical examination revealed the employee had difficulty arising from a sitting position. There was palpable tenderness to the lateral joint line of the left knee and discomfort when pressure was applied to the left knee with range of motion. The employee was assessed with left knee, hip, and lower back pain and strain. The employee was recommended for physical therapy.

The employee was seen for evaluation on 10/13/10. Physical examination revealed no visible bruising or swelling of the left knee. There was tenderness to palpation along the lateral joint line and extending superiorly. There was full range of motion of the left knee with discomfort when pressure was applied to the joint line. There was no limping noted with ambulation. The employee was recommended for physical therapy. The employee was prescribed Ultram 50 mg. and Mobic.

A Designated Doctor Evaluation was performed on xx/xx/xx. The employee complained of left knee burning and aching, which increases with prolonged standing or walking. The pain decreased with slight left knee flexion. The employee denied knee locking or clicking. The note stated the employee would have attended eleven physical therapy sessions as of xx/xx/xx. Physical examination revealed normal heel and toe walking. McMurray's was negative. There was lateral joint line tenderness without swelling or crepitus. The deep tendon reflexes in the lower extremities were normal and symmetrical. Sensory testing in the lower extremities below the knees in the L4, L5, and S1 dermatomes were normal and symmetrical. The employee was assessed with left knee sprain and left knee mild osteoarthritis. The employee was placed at Maximum Medical Improvement (MMI) and was assigned a 0% whole person impairment. The employee was recommended to return to full, unrestricted duty.

The employee saw Dr. on 11/30/10. Physical examination revealed trace effusion of the left knee. There was lateral joint line tenderness. There was decreased sensation along the patch area at the lateral knee and just distal to the joint line. There was full active extension with flexion to 130 degrees. McMurray's caused pain and popping laterally. The employee was assessed with left knee injury with possible lateral meniscus tear and left knee intracondylar notch cyst. The note stated the employee was not responding to non-operative treatment. The employee was recommended for left knee arthroscopy for probable lateral meniscal tear.

The request for left knee arthroscopy was denied by utilization review on 12/06/10 due to lack of MRI findings of a meniscal tear.

The request for left knee arthroscopy was denied by utilization review on 12/14/10 due to a lack of response from physical therapy or anti-inflammatories. The employee had a positive McMurray's sign on the most recent physical examination. Although the employee appeared to be symptomatic, the MRI study submitted for review did not reveal any meniscal tears, either medially or laterally, that would reasonably require the meniscectomy procedure requested. Current evidence-based guidelines recommend that there be positive imaging evidence of meniscal tears in order to consider meniscectomy procedures.

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

The requested left knee arthroscopy for a possible lateral meniscus tear is not recommended as medically necessary for this employee. The employee does have examination findings consistent with a lateral meniscus tear; however, the provided MRI studies reveal some degenerative changes of the menisci only with no finding of any articular surface tears requiring a meniscal repair or meniscectomy. Current evidence-based guidelines do recommend that there be positive MRI evidence of a meniscal tear that is consistent with examination findings before considering meniscal repair or meniscectomy.

As the clinical documentation does not meet guideline recommendations for the request, medical necessity is not supported.

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

Official Disability Guidelines, Online Version, Knee & Leg Chapter.