

SENT VIA EMAIL OR FAX ON  
Dec/23/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/23/2010

**IRO CASE #:**

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

Left knee examination under anesthesia, arthroscopy, arthroscopic surgery and possible arthrotomy with saphenous nerve block and marcaine block; MRI left knee

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Operative Report: 04/24/08

Dr. Office Notes: 03/21/08, 03/21/08, 05/02/08, 05/30/08, 06/27/08, 08/22/08, 09/04/08, 10/03/08, 10/13/08, 10/20/08, 11/14/08

Dr. Office Notes: 10/01/09

Dr. Office Notes: 02/04/10, 02/18/10,

Dr. Office Notes: 04/27/10, 07/12/10, 08/03/10, 08/31/10, 09/30/10, 10/11/10, 10/29/10, 11/10/10

Peer Review: 10/13/10, 10/15/10

MRI left knee:03/06/08, 10/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained a work related injury to her left knee on xx/xx/xx when she fell off a ladder. The claimant underwent a left knee arthroscopic partial medial

meniscectomy, lateral meniscectomy and left knee chondroplasty on 04/24/08. Postoperatively the claimant had physical therapy, a cortisone injection and 3 Synvisc injections.

She was seen by Dr. on 02/18/10 and complained that her knee gave out, she fell, and she now had more pain and a hard time walking. On examination the claimant had localized swelling of the infrapatellar bursa, a positive Apley grinding test, painful extension, restricted flexion and positive McMurray's. X-rays of her knees, taken in Dr. office on 04/23/10 showed a left medial joint space of 2-3 millimeters with degenerative changes and a lateral spur. Alignment was in 5 degrees of valgus on the right and neutral on the left. Dr. recommended a left knee examination under anesthesia, arthroscopy, arthroscopic surgery and possible arthrotomy with saphenous nerve block and Marcaine block. The request was noncertified in two peer reviews dated 10/13/10 and 10/15/10. In the 10/13/10 peer review, Dr. felt the claimant should be treated for arthritis, the apparent cause of her pain and arthroscopy was not indicated. In the peer review dated 10/15/10 Dr. indicated that there had not been evidence of a failure of reasonable non-operative treatment such as injectable visco-supplementation.

The claimant had an MRI of her left knee on 10/27/10 and it showed post arthroscopy scarring within the medial aspect of Hoffa's fat pad, a horizontal tear involving the remaining posterior horn of the medial meniscus towards the inferior articular surface near the free edge, mild knee effusion and mild tricompartmental degenerative osteoarthritis, predominantly in the medial knee joint. Dr. recommended arthroscopic surgery, as there was a medial meniscus tear.

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

In this case, there may be some residual horizontal tearing of the posterior horn of the medial meniscus. This along with symptoms could be an indication for arthroscopic intervention with the failure of other conservative treatments and given that the arthritic change appears mild. However, the saphenous nerve block and Marcaine block are difficult to correlate with the clinical and imaging findings. As such, the procedure in total could not be recommended as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15<sup>th</sup> edition, 2010 Updates. Knee and Leg:

##### ODG Indications for Surgery<sup>TM</sup> -- 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.

[\(Washington, 2003\)](#)

Wheless' Textbook of Orthopedics online:

**Saphenous nerve block:** provides anesthesia over the medial portion of foot;

**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)