

# CASEREVIEW

505 N. Sam Houston Pkwy E., Suite 200  
Houston, TX 77060

Phone: 832-260-0439

Fax: 832-448-9314

## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 11, 2011

**IRO CASE #:**

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

Left Knee Arthroscopy with Lateral Release between 6/13/2011 and 8/12/2011.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This physician is Board Certified Orthopedic Surgeon with over 40 years experience.

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**On Documented Date:** M.D., an orthopedic surgeon, evaluated the claimant. PE: Left knee effusion. Moderate medial joint line tenderness. Diffused pain with McMurray's sign. Negative Lachman's and Negative Anterior Drawer. Injection performed.

**8/7/09:** Left knee 2<sup>nd</sup> injection was performed by M.D.

**9/1/10:** Left knee X-rays show severe tri-compartmental arthritis.

**12/7/10:** M.D. performed a left total knee arthroplasty using Visionaire protocol.

**12/28/10:** M.D. performed a DDE on the claimant. Dr. placed the claimant not at MMI pending further treatment.

**1/31/11:** M.D., an orthopedic surgeon, re-evaluated the claimant. PE: Homan's is negative bilaterally. Pitting edema of the left lower extremity from the knee to the foot.

**5/31/11:** M.D. performed an UR on the claimant. Rationale for Denial: Denied due to lack of documentation.

**6/26/11:** M.D., an orthopedic surgeon, re-evaluated the claimant. PE: Negative McMurray's. Negative Apleys. Collateral ligaments are stable. Arthritis is severe. Impression: Left knee pain and DJD.

**6/20/11:** M.D. performed an UR on the claimant. Rationale for Denial: Denied due to lack of documentation.

## **PATIENT CLINICAL HISTORY:**

The claimant is a male with chronic knee pain.

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

The previous decisions are upheld, based on the medical records provided the claimant's condition does not meet the criteria per ODG Guidelines for diagnostic arthroscopy. The claimant has undergone physical therapy and there is documentation of continued pain but there is lack of evidence of inconclusive imaging; therefore the previous decisions are upheld.

**ODG Indications for Surgery™ -- Diagnostic arthroscopy:**  
**Criteria** for diagnostic arthroscopy:

1. **Conservative Care:** Medications. OR Physical therapy. PLUS
2. **Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS
3. **Imaging Clinical Findings:** Imaging is inconclusive.

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

- ACOEM- AMERICAN 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**