

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left knee medial 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 Chapter – Meniscectomy

Left knee x-ray report 02/25/11

Records of Dr., 02/25/11

Records of Dr., 03/14/11, 04/05/11

03/21/11 MRI left knee report

Peer Reviews 04/25/11, 05/09/11

PATIENT CLINICAL HISTORY SUMMARY

This is a XX-year-old female with a date of injury of XX/XX/XX after jumping up and down and twisting her left knee. The claimant was seen on 02/25/11 for left knee pain. Medial joint line tenderness was noted. The diagnosis was left knee internal derangement. The MRI of the left knee showed a subtle tear to the posterior horn of the medial meniscus. Dr. saw the claimant on 04/05/11. The claimant reported occasional clicking and locking episodes and swelling. The examination revealed medial joint line tenderness and 0 to 120 degrees of range of motion. Dr. reviewed the MRI and recommended left knee medial meniscectomy.

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

The reports suggest only a subtle medial meniscus tear. The only documented conservative treatment appears to have been Ibuprofen. It is unclear if the Ibuprofen was used in a sustained fashion. The only remaining physical therapy finding from 04/25/11 appeared to be medial joint line tenderness, motion was well maintained. It would appear that at least some medications have failed. However, it is unclear if there have been any other conservative treatments. There are mechanical complaints, however; only joint line tenderness has been documented by way of a clinical finding. This would not satisfy the ODG criteria for at least two persistent clinical findings. Absent some additional findings and identification of all conservative treatments, the Official Disability Guidelines would not be satisfied. The

reviewer finds that medical necessity does not exist at this time for Outpatient left knee medial meniscectomy.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Knee Chapter – Meniscectomy

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)