

SENT VIA EMAIL OR FAX ON
Mar/04/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 assistant surgeon; 1 Bilateral Knee Arthroscopy with Debridement and Meniscectomy

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 02/22/07

Peer Reviews 01/27/11, 02/04/11

Dr. OV 03/21/07, 04/18/07, 04/28/08, 04/23/10, 01/21/11

Medical Record Review 06/25/10

Telephone conversation record 01/26/11

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a history of bilateral knee pain. The records indicated that the claimant had an injury in xxxx when he fell from a ladder.

An operative report dated 02/22/07 noted the claimant with a past history of a left lateral tibial plateau fracture and right patellar fracture treated surgically, healed and hardware removed. The procedure on 02/22/07 included a right knee arthroscopy, partial medial meniscectomy and chondroplasty of patella. Also performed was a left knee arthroscopy, partial medial meniscectomy and chondroplasty of the lateral tibial plateau. Operative findings included right knee grade II chondromalacia surrounding the fracture site and along with a medial facet

and degenerative tear of the posterior horn medial meniscus. Left knee findings included an extensive posterior horn degenerative tear and lateral joint space mild grade II chondromalacia involving lateral tibial plateau posteriorly. No complications were reported.

A post-operative physician record dated 04/18/07 noted the claimant doing well with good range of motion to both knees. The claimant remained on regular duty without restrictions. Follow up as needed was advised. On a one-year post-operative physician record dated 04/28/08, the claimant was noted to have right greater than left knee pain that had increased and was debilitating. Bilateral knee x-rays showed narrowing of the joint space medially with obvious posttraumatic arthritis to the right patella and left knee posttraumatic changes. Conservative treatment options were discussed and the claimant elected Synvisc injections to both knees.

A 04/23/10 physician record noted the claimant with return of bilateral knee pain. X-rays showed moderate to severe patellofemoral arthrosis on the right and moderate lateral compartment arthrosis on the left. A repeat knee arthroscopy was discussed. A follow up physician record 01/21/11 revealed bilateral knee symptoms had gotten worse with increased pain with extended standing as well as sitting and driving. The claimant continued care under pain management and was taking medications on a daily basis. According to the treating physician, he would rather not proceed with joint reconstruction at this time and recommended bilateral knee arthroscopy with chondroplasty and debridement.

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

The requested bilateral knee arthroscopy with debridement and meniscectomy cannot be justified based on the information reviewed.

The records suggest this claimant has moderate to severe arthritic change in the knees. It is not clear that this claimant has mechanical symptoms or physical findings suggestive of unstable meniscal pathology. Arthroscopy is not generally recommended for degenerative pathology in the absence of specific mechanical symptoms and findings on diagnostic studies that have been shown to benefit from arthroscopic surgery. It is not clear if this claimant has imaging findings that would be treated effectively with an arthroscopic procedure.

In addition, the request for an assistant surgeon cannot be justified. Milliman Guidelines do not support the use of an assistant surgeon for an arthroscopic chondroplasty or meniscal surgery.

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

Meniscectomy

Recommended as indicated below for symptomatic meniscal tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings.

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.

Chondroplasty

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. Conservative Care: Medication. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS
3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS
4. Imaging Clinical Findings: Chondral defect on MRI

Milliman Care Guidelines® Assistant Surgeon Guidelines, 14th Edition

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)
