SENT VIA EMAIL OR FAX ON
May/10/2011

IRO Express Inc.

An Independent Review Organization
2131 N. Collins, #433409
Arlington, TX 76011
Phone: (817) 405-0875
Fax: (817) 549-0310
Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Knee Scope

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board certified orthopedic surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. History and physical reports, MD 06/27/08 through 03/29/11
2. CT lumbar spine 02/20/03
3. MRI right knee 07/03/08
4. DWC 73/work status reports 06/27/08, 07/30/08,12/29/10 and 03/22/11
5. MRI left knee 07/27/09
6. Designated doctor evaluation, MD 11/23/09 and 04/26/10
7. MRI of the left knee 12/08/09
8. Post DD RME MD 01/12/10
9. Clinical laboratory report 11/17/10
10. MRI of the right knee 03/01/11
11. Pre-authorization determination 03/25/11 regarding denial right knee scope
12. Pre-authorization determination 04/07/11 regarding appeal denial right knee scope

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. The records indicate the injured employee was pushing a pallet and felt right knee pain in the medial joint. The injured employee has history of previous injury resulting in knee surgery. Records indicate the injured employee underwent left knee arthroscopy on 11/23/10. On 12/29/10 the injured employee was released to return to work full duty. The injured employee was seen on 02/24/11 with complaints of right knee pain. The injured employee has pain with weightbearing and ambulation. There is exquisite tenderness over the femoral insertion of the medial collateral ligament. There is tenderness with valgus stress. He has received no treatment to date. Physical examination noted the injured employee to be 5’10” tall and 150 lbs. Examination of the right knee noted exquisite tenderness over the medial collateral ligament and in the medial joint line. He is very tender with McMurray’s. There is no crepitus

noted in medial joint line with McMurray's. Range of motion is full. There is no effusion. Knee is stable to ligamentous exams. The injured employee was recommended activity and ergonomic modifications and continued nonoperative treatment. MRI of right knee dated 03/01/11 reported findings: There likely has been subtotal medial and lateral meniscectomies. Medial meniscus and lateral meniscus were remnants demonstrate marked irregularity and signal alteration, worrisome for meniscus remnant re-tears. There is intermediate to high grade chondromalacia medially and involving the patellofemoral compartment. The patella is slightly laterally subluxed. There is a moderate sized joint effusion. There is no acute fracture or dislocation. Cruciate and collateral ligaments appear intact. The injured employee was seen in follow-up on 03/07/11. MRI of the right knee was noted to confirm abnormalities in the medial and lateral meniscus consistent with new tears. There was evidence of previous partial resection noted. The injured employee was recommended to undergo medial and lateral partial arthroscopic meniscectomy. Actual arthroscopy depends on results of diagnostic arthroscopy.

A preauthorization determination on 03/25/11 denied the request for right knee scope. The rationale noted the injured employee had prior knee surgery with apparent meniscal partial resection. The prior operative reports were not forwarded. The clinical exam showed medial joint tenderness. X-rays were non-weightbearing. The need for operative intervention for current work incident is not verifiable given the current records. Further assessment of records and weightbearing x-rays are all needed as use of meniscal surgery in degenerative knee is controversial.

Interpretation of radiographs dated 03/29/11 indicated weightbearing x-rays performed on this date showed symmetrical chondral clear space maintenance of the medial and lateral femorotibial joint without soft tissue ossification or other deformity without evidence of gonarthrosis.

A preauthorization determination on 04/07/11 denied the appeal for right knee scope. Rationale noted MRI on 03/01/11 revealed meniscus remnant re-tears and intermediate high grade chondromalacia medially on the patellofemoral compartment. Examination showed tenderness over the medial collateral ligament and in the medial joint line of the right knee. McMurray's test yielded tenderness in the medial joint line. There was full range of motion with no effusion. The injured employee is a nonsmoker and body mass index is within normal category. There has likely been subtotal medial and lateral meniscectomies performed on right knee based on recent MRI study; however, an operative report was not submitted for review. Records indicate the injured employee was rendered conservative treatment; however, there is no objective documentation of the injured employee's clinical and functional response following recent therapy. Medical necessity of the requested procedure is not fully established at this point.

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

Based on the clinical information provided, right knee scope is not supported as medically necessary. The injured employee is noted to have sustained an injury on xx/xx/xx. He has history of prior knee surgeries with likely subtotal lateral and medial meniscectomies, but no operative reports were provided. Per office note of 02/24/11, the injured employee has received no treatment to date for the right knee. The injured employee was seen in follow-up on 03/07/11 after undergoing MRI of right knee on 03/01/11. MRI revealed likely subtotal medial and lateral meniscectomies with meniscus remnants demonstrating marked irregularity and signal alteration worrisome for meniscus remnant re-tears. There is no documentation of conservative treatment of the right knee. Given the history of prior surgery, it is unclear if the findings on MRI reflect re-tear or degenerative / postoperative changes. Prior to surgical intervention there should be appropriate attempt at conservative treatment, which has not been demonstrated in this case.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)