

SENT VIA EMAIL OR FAX ON  
May/04/2011

## True Decisions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/27/2011

**IRO CASE #:**

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

Right Knee Arthroscopy; Arthroscopic Right Knee Meniscetomy; Possible Arthroscopic Right Knee Medical Meniscal Tear Repair

**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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who is reported to have developed right knee pain on xx/xx/xx. On the date of injury he is reported to have been spreading his legs to move some heavy objects when he felt a painful pop in his right knee. He subsequently was evaluated at Facility on the date of injury. He was referred for MRI of the right knee which identified a complex tear of mid posterior horn of lateral meniscus. There is identification of trace joint effusion.

On 03/14/11 the injured employee was seen in follow-up by Dr. It is reported his symptoms have remained the same. Range of motion is the same. Gait is same. He reports pain level of 3/10. His swelling has decreased and bruising is resolved. On physical examination he is noted to have antalgic gait and ambulates with a cane. He has no obvious deformity. Range of motion remains the same, extension remains the same, tenderness remains the same, and strength is the same. Collateral ligaments are reported to be normal. X-rays showed no evidence of fracture or dislocation. The injured employee was continued in physical therapy and referred to orthopedics.

On 03/21/11 the injured employee was seen in follow-up by Dr. It is reported that range of motion flexion is increased, extension is increased, tenderness is decreased, and strength is increased. He was continued in physical therapy and pending orthopedics referral.

On 03/28/11 the injured employee was seen in follow-up by PA-C. The injured employee continues to utilize a cane to assist with ambulation. He is noted to have improved function. His tenderness is reported to be decreased. Physical therapy was continued.

On 03/28/11 the injured employee was seen by Dr. It is noted the injured employee has been undergoing physical therapy at Health Care with no long term relief. He reports pain throughout his knee mainly at night when he squats. He has some swelling and discomfort laterally. He has mild pain in posterior portion of the knee. He presents with x-rays that are unremarkable. MRI demonstrates a complex tear of medial meniscus and joint effusion. On examination he walks with cane in right hand. He wears an elastic sleeve over the right knee. Range of motion is 0-145 degrees. There is mild effusion. There is mild tenderness over the anterolateral portion of the knee. There is minimal tenderness over the medial joint space. There is positive Apley's flick, positive squat test, negative Lachman, negative pivot shift, and negative posterior drawer. There is no varus or valgus instability. The injured employee is recommended to undergo diagnostic arthroscopy of the right knee and medial meniscectomy if tear is present. He would also thoroughly evaluate lateral compartment for subtle tears and chondromalacia.

The request was reviewed by Dr. on 04/01/11. Dr. notes the clinical documentation does not support the requested cervical procedures. He notes MRI does not reveal any significant chondromalacia or chondral defects that would require chondroplasty procedure. There is a complex tear of mid posterior horn of lateral meniscus; however, the injured employee's most recent physical examination's are limited and do not reveal positive McMurray's sign or clear lateral joint line tenderness consistent with MRI. The injured employee is noted to have undergone physical therapy; however, the response to therapy is not documented. He subsequently opines the clinical documentation provided for review does not meet guideline recommendations for requested procedures and medical necessity is not supported.

A subsequent request was reviewed on 04/15/11 by Dr. Dr. notes the clinical records indicate the injured employee's swelling had decreased, and stability was noted to have increased. Clinic notes show increase in range of motion with decrease in tenderness. He reports swelling and discomfort were noted laterally along with mild pain in posterior portion of the knee. Range of motion is 0-145 degrees. Mild effusion is noted. He opines the request for right knee arthroscopy with meniscectomy versus right knee medial meniscus repair was not certified. He notes the documentation submitted indicates the injured employee is complaining of pain in right knee with pain with associated tenderness over the anterolateral portion of the knee. It notes the documentation provided details the injured employee having previously attended physical therapy; however, no documentation was submitted for review regarding efficacy of therapy itself. No documentation was submitted regarding the injured employee's clinical findings to reveal McMurray's sign, effusion, range of motion or locking, clicking, popping or crepitus. Given the lack of documentation regarding injured employee's conservative treatment as well as significant clinical findings consistent with imaging studies, the request does not meet guidelines.

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

The submitted clinical record indicates the injured employee sustained an injury to his right knee as result of work related activity. Records indicate he was initially evaluated and treated at by multiple providers. The data from the serial notes indicate the claimant was having improvement in his condition with physical therapy, and through the serial notes was continued in physical therapy as a result of this. The record includes MRI of the right knee which indicates complex tear of mid posterior horn of lateral meniscus. The remaining structures are intact with evidence of trace joint effusion. Records indicate the injured employee was evaluated by Dr. on 03/28/11. At this time the claimant contradicts the clinical record and reports he has had no long term relief with physical therapy. On physical examination the injured employee has full active range of motion of 0-145 degrees with mild effusion and mild tenderness over the anterolateral portion of his knee. There is minimal tenderness over the medial joint space where pathology is identified by MRI. At no time in the clinical record is there mention of McMurray's testing or other positive findings. The claimant was subsequently recommended to undergo diagnostic arthroscopy with possible chondroplasty and medial meniscal repair. The previous reviewers note the claimant had not met ODG guidelines for performance of meniscectomy noting that the injured employee had not failed physical therapy. There are no findings of locking, clicking or popping. There is no documentation of positive McMurray's finding. There is a nonspecific reference to anterolateral joint line tenderness but not significant medial joint line tenderness. The clinical records

suggest the claimant was improving with conservative treatment. He is further noted to have not undergone corticosteroid injections. Imaging studies revealed no evidence of chondromalacia that would require chondroplasty. Based upon totality of the clinical information, the claimant does not meet ODG criteria for requested procedures, and therefore the previous determinations for non-certification are upheld.

**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)