

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 left knee arthroscopy with medial meniscectomy and hardware removal

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

MD, 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

Peer Review 03/22/11, 04/26/11

Dr. OV 07/13/09, 08/24/09, 10/01/09, 11/18/09, 03/30/10, 07/07/10, 08/16/10, 03/09/11, 04/12/11

Dr / DDE 11/18/10

Procedure 10/29/09

MRI left knee 10/13/08

Operative Report 02/02/09

Pain Management sessions 01/04/10, 01/21/10, 01/22/10

Behavioral Chronic Pain Management group sessions 01/21/10, 01/22/10, 01/24/10

Official Disability Guidelines, Knee and Leg Chapter

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly sustained a slip and fall on xx/xx/xx while at work which resulted in a displaced left knee patellar fracture. A left knee open reduction and internal fixation (ORIF) reportedly followed on 12/03/08. Post-operative physician records of 2009 noted the claimant with complaints of persistent left knee pain and weakness with a left knee manipulation under anesthesia (MUA) for arthrofibrosis performed on 02/02/09. Examinations documented significant atrophy of the left leg and palpable symptomatic hardware beneath the skin. X-rays showed evidence of ORIF with near anatomic alignment and the fracture healed. Diagnoses included left leg atrophy, symptomatic hardware left knee and medial meniscus tear left knee. Treatment included physical therapy and a left knee steroid injection performed on 10/29/09, which provided some temporary relief.

The medical records noted the claimant's attendance at Behavioral Chronic pain management group sessions and undergoing massage therapy sessions in January 2010. A physician record dated 03/30/10 revealed the claimant with continued left knee pain and weakness with "giving out". Weakness and left quadriceps atrophy was noted on examination along with palpable hardware beneath the well-healed scar. Medial joint line tenderness was also noted with a positive McMurray sign. Persistent left knee pain with associated popping, clicking and grinding continued to be reported.

A 03/09/11 physician record noted the claimant with persistent pain and discomfort in the left knee and left patella. X-rays of the left knee showed a healed patella fracture with K wires present. Hardware removal left knee and meniscectomy were recommended if the claimant

desired. A follow-up physician record of 04/12/11 revealed the claimant able to feel the wires beneath the skin with reported difficulty walking and trouble sleeping. Examination remained unchanged. The removal of hardware and meniscectomy were again recommended.

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

On review there are no imaging studies to confirm a medial meniscus tear. As such the arthroscopic portion of the request does not satisfy the Official Disability Guidelines. There would appear to be some disagreement in the records regarding the utility of hardware removal. The examiner of 11/10 outlined that it was doubtful that hardware removal would be of significant benefit. For these reasons the proposed intervention (1 left knee arthroscopy with medial meniscectomy and hardware removal) is not found to be medically necessary at this time.

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

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.

Hardware implant removal (fracture fixation)

Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure.

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)