

SENT VIA EMAIL OR FAX ON
Nov/2/2011

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)

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

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

OD Guidelines

Request for IRO dated 10/20/11

Utilization review determination dated 09/15/11, 09/19/11, 09/21/11

Fax cover sheets

Preauthorization report dated 09/15/11

Appeal report dated 09/21/11

Clinical records Dr. dated 07/01/11

Physical therapy treatment records

Treatment records DC

Functional capacity evaluation

Clinical records Dr. dated 09/12/11, 10/05/11

Letter of appeal dated 09/16/11

MRI of the left knee dated 07/01/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a work related injury on xx/xx/xx. On the date of injury he was in the process of setting drywall. He was standing on a lift approximately 10 feet up in height when he suddenly struck his left knee against a steel pipe. He began to experience immediate knee pain and swelling. The following day he was seen

at a local emergency room and prescribed medications. It is reported that he was released back to modified duty. On he sought care from DC as his treating physician. Radiographs were performed of the left knee on 06/16/11 and are reported to indicate a moderate joint effusion without acute fractures or dislocations. He continues to complain of severe pain in the medial aspect of the left knee. He is pending MRI of the left knee. On physical examination he is noted to be 5'6" and weighs 206 lbs. On examination of the right knee there is moderate swelling and point tenderness along the femoral tibial joint line, tenderness along the medial aspect of the popliteal fossa. Range of motion is painful. There is weakness as it pertains to left knee flexion and extension due to the patient's perceived pain. He was diagnosed with a contusion of the left knee, rule out medial meniscus tear. MRI of the left knee performed on 07/01/11 notes bone marrow edema of the medial femoral condyle and medial tibial plateau, MCL grade I sprain, partially ruptured popliteal cyst, a popliteus intramuscular cyst, small to moderate joint effusion with no meniscal or ligamentous tear.

On 09/12/11 the claimant was seen by Dr.. The claimant is noted to have severe left knee pain. He is reported to have had an injection from Dr. which made his pain worse. He has had physical therapy with chiropractor which has made it worse. On physical examination he is noted to have tenderness over the left medial joint line and over the patellofemoral joint. There is mild swelling and trace effusion. There is mild patellofemoral crepitus. Movement is restricted by pain and swelling. Anterior drawer test is negative. Pivot shift is negative. The medial collateral ligament is not unstable with varus and valgus stress. McMurray's test is reported to be positive with knee crepitus with rotation with a flexed knee. Radiographs were performed. The initial review was performed by Dr. on 09/15/11. Dr. notes that the claimant does not meet criteria per ODG for the performance of the procedure. He notes that the claimant has had previous physical therapy as well as activity modification. He notes there were no meniscal tears noted on MRI and subsequently non-certified the request.

The record contains a letter of appeal from Dr. dated 09/16/11. He reports that the patient has been treated conservatively for over 3 months with no improvement. His MRI shows evidence of chondral edema which represents that he had an acute injury as well as a popliteal cyst. He notes that popliteal cysts are almost always associated with meniscal tears and despite the fact the MRI is not definite, his symptomatology and physical examination certainly go along with it.

A subsequent appeal request was reviewed on 09/21/11 by Dr.. Dr. notes that the claimant does not meet criteria per ODG. He notes that there are no positive findings on MRI of a meniscal tear and therefore non-certifies the request. The claimant was seen in follow up by Dr. on 10/05/11. The claimant is reported to have more pain. He reports his knee is giving out. He has locking. The claimant is now ambulating with a cane. On physical examination he has tenderness over the medial joint line. He has mild swelling and moderate effusion, mild patellofemoral crepitus. On the left McMurray's test is reported to be positive with knee crepitus with rotation of a flexed knee referred to the medial side of the joint line. The claimant is again recommended to undergo arthroscopy.

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

The request for Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) is opined to be medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate that the claimant clearly sustained trauma to the left knee as a result of work related activity. The records document that the claimant has received physical therapy and corticosteroid injection without improvement. The serial records indicate that the claimant's clinical presentation has deteriorated. While MRI does not clearly establish the presence of a meniscal tear, the claimant's physical examination is consistent with the presence of an occult meniscal tear. The claimant continues to have a moderate joint effusion that has been unremitting. He is noted to have a partially ruptured popliteal cyst and has evidence of chondral injury and marrow edema. Noting that the claimant is 5 months post date of injury and made no substantive improvement, the request is opined to be medically necessary.

The amended request is more consistent with the actual clinical situation. The claimant has continued knee dysfunction despite appropriate conservative management. MRI does not reflect an overt meniscal tear. Diagnostic arthroscopy is clinically indicated in the presence of an ambiguous MRI in a patient unresponsive to conservative management. Therefore, there would be no change in determination and surgical intervention is medically necessary.

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)