

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right Knee Partial Meniscectomy

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

MD, 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 reportedly twisted his right knee while working on Xx/xx/xx. He previously twisted the knee 6 months before and again one month later. MRI of the right knee performed on 05/10/11 revealed horizontal tear through posterior horn of medial meniscus that does not extend into root. There is no meniscal extrusion. There is patellofemoral chondromalacia. A ruptured popliteal cyst also was noted. Physical examination on 08/09/11 by Dr. reported skin to be intact of right knee. There is no warmth, no erythema, and no effusion. Range of motion is 0-120 degrees. Distally motor sensation is intact. Dorsalis pedis is palpable. The knee is stable to varus/valgus and Lachman stress testing. There is mild tenderness to palpation along medial joint line. He has pain with Apley's compression. Dr. saw the patient in consultation on 08/09/11. Physical examination was unchanged from previous examination by Dr. on 08/06/11. X-rays of right knee demonstrated no degenerative changes. MRI was noted to demonstrate medial meniscal tear involving posterior horn.

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

This injured employee is noted to have received a twisting injury to the right knee. MRI of the right knee performed on 05/10/11 interpreted by Dr. revealed a posterior horn medial meniscal tear. On physical examination the injured employee had range of motion of the right knee from 0-120 degrees. There was no evidence of instability of the knee. There was mild tenderness to palpation along the medial joint line. There was pain with Apley's

compression. There was no report that a McMurray test was performed. As noted on previous reviews, surgical intervention may be considered after failure of conservative care. This requirement does not apply to locked/blocked knee, but there is no evidence that the injured employee has problems with locking or catching of the knee. Noting that there is no documentation of an appropriate course of conservative care, medical necessity is not established and previous denials should be upheld on IRO. The reviewer finds no medical necessity for Outpatient Right Knee Partial Meniscectomy at this time.

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)