

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/26/2011

**IRO CASE #:**

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

Outpatient surgery left knee arthroscopy

**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**

ODG-TWC

Request for IRO dated 09/02/11

Utilization review determination dated 08/09/11

Utilization review determination dated 08/31/11

Request for IRO dated 09/02/11

Fax cover sheet dated 08/25/11

Fax cover sheet dated 08/16/11

Clinical records Dr. 06/27/11 and 08/09/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who is reported to have sustained an injury to his left knee on xx/xx/xx as result of falling down stairs and twisting his left knee. He reported swelling for approximately 6 weeks that has gotten better. He reported his knee feels weak. His pain is mainly in the medial aspect of the knee. His knee is reported to lock. On physical examination dated 06/27/11 the claimant is 5'11" tall and weighs 246 lbs. He ambulates without any type of aid or significant limp. There is questionably minimal effusion in the knees. There is some mild tenderness around medial joint line. The knee is stable to varus and valgus stress. He has good range of motion. McMurray's test is reported to elicit some discomfort medially. Lachman's test is negative. MRI scan was reviewed and reported as normal. Dr. reported he has reviewed MRI and there is small line through posterior horn of medial meniscus which does appear to come close to undersurface of meniscus and may very well be small tear. In review of the findings with him, Dr. notes the claimant has gotten better and there is not a frank obvious tear of the meniscus. He recommended providing more time to see if it will resolve on its own. He'll be seen in follow up in one month at which time if he fails to improve he'll be recommended to undergo arthroscopy. The claimant was seen in follow up on 07/27/11. He reports good and bad days intermittent swelling he reports

mechanical symptoms. Patellar grind test is reported to be negative. Mc Murray's test is reported to be positive. He flexes to about 100 degrees and extends fully. It is reported that his conservative treatment has included tincture, time, anti-inflammatories and activity alteration. He subsequently is recommended to undergo a right knee arthroscopy.

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

The records indicate that the claimant has left knee pain that has been treated with oral medications tincture and time and activity modification. This treatment is not sufficient enough to establish the claimant as a surgical candidate. Per the Official Disability Guidelines the claimant is required to undergo a course of physical therapy and potentially would benefit from intraarticular corticosteroid injections. Given the lack of documentation to establish the failure of conservative care the previous utilization review determinations are upheld. The reviewer finds there is not a medical necessity at this time for Outpatient surgery left knee arthroscopy.

**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)