



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 10/23/11

**IRO CASE #:**

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

Diagnostic arthroscopy, partial lateral meniscectomy, excision of meniscal cyst, right knee

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of individuals suffering knee injuries

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who was squatting on xx/xx/xx. When he attempted to arise, his left knee popped, and he was unable to straighten it out. It was locked. It popped again, and he was able to move it. He subsequently was evaluated in the emergency room and placed on crutches. He has had other episodes of popping in his right knee. He has had intermittent problems with his knee in the past prior to this injury; however, he never had a locking episode. Physical examination is limited. The examinee has medial joint line tenderness with medial positive McMurray's sign and a slight effusion. X-rays of his knee including standing views reveal some evidence of medial compartment osteoarthritis. He was fitted with a hinged knee brace. An MRI scan was obtained. The MRI scan revealed degenerative changes within the menisci; however, no discrete tear was seen. There was mild to moderate anterior knee edema. The patient has had consistent symptoms of discomfort. A request to preauthorize diagnostic arthroscopy and partial lateral meniscectomy with excision of a parameniscal cyst was submitted. It was denied, submitted for reconsideration, and denied.

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

The decision to deny a preauthorization request for diagnostic arthroscopy, partial lateral meniscectomy, and excision of parameniscal cyst was correct. Treatment of this patient's knee symptoms is not documented. There is a request to preauthorize pathologic entities which have not been defined. There is no radiographic evidence of meniscal tear or meniscal cyst. The previous denials of this surgical request were appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

\_\_\_\_\_ ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)