

SENT VIA EMAIL OR FAX ON
Oct/21/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right knee examination under anesthesia (EUA) and arthroscopy with meniscal debridement.

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

Board Certified Orthopedic Surgeon (Joint)

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 claimant is a female who is reported to have sustained work related injuries to her right knee on xx/xx/xx. On this date, the claimant was escorting an inmate downstairs when her right knee popped. She subsequently was referred for MRI of the right knee on 12/22/09. This study notes findings compatible with a partial incomplete thickness tear of the ACL with definite intact fibers identified. There is degenerative signal involving the posterior horn of the

medial meniscus with evidence of mild degenerative fraying involving the lateral most aspect of the posterior horn. A small knee joint effusion, moderately severe chondromalacia patella, and findings compatible with a tri-lobed ganglion measuring 11 mm craniocaudal and 13 mm transverse x 5 mm AP, posterior to the distal diaphysis of the femur. On 03/01/10, the claimant was seen by Dr. She notes the claimant was seen in the emergency room, given an immobilizer. The claimant reports that her knee swells up when she is on her feet a lot. On physical examination, she is 5 feet tall. She weighs 206 pounds. She has tenderness over both joint lines, medial more than laterally. There is a trace Lachman anterior drawer with good endpoint. Range of motion is limited secondary to pain from 10-100 degrees. She was subsequently provided a functional brace and oral medication. She was referred for conservative treatment.

On 07/01/10, the claimant was taken to surgery by Dr. at which time she underwent arthroscopy with meniscal debridement, partial synovectomy, and chondroplasty. Postoperatively, she was referred for physical therapy.

On 01/14/11, the claimant was seen in follow-up by Dr. She presents status post arthroscopic procedure. She was recommended occupational therapy have Synvisc at her last visit, but this was denied by Worker's Compensation Insurance. She reports that her knee is still bothering her quite a bit and she having difficulty with prolonged sitting or extended standing and walking. It is difficult for her to squat down. She is noted to have hip and back problems, as well. Dr. opines that the claimant has reached maximum medical improvement and she subsequently recommends that the claimant be seen by an IME for impairment rating. She further ordered Synvisc, 1 injection.

The claimant was seen in follow-up on 03/18/11. She presents for her first Synvisc injection.

The claimant was seen in follow-up on 06/10/11. She was seen by an IME who gave her a 3% impairment rating. She has now quit her job and she is going to apply for disability. She reports that the Synvisc she received on 03/20/11 only helped her temporarily and she has been approved for another Synvisc injection in September.

The claimant was seen in follow-up on 09/19/11. She is noted to have continued knee pain. She has now started to have left-sided hip and knee pain due to overuse protecting the right knee. She is unable to work. Range of motion is 0-100 degrees. There is tenderness over the medial joint line. She is stable to varus and valgus strut. She is stable to anterior and posterior drawer. MRI was reviewed, which showed degenerative signal identified with the body of the posterior horn of the medial meniscus and evidence of mild degenerative fraying of the lateral most aspect of posterior horn. She is recommended to undergo arthroscopy for evaluation and treatment of internal derangement of the right knee. The initial request was reviewed on 09/28/11 by Dr. Dr. non-certifies the request noting that the claimant underwent diagnostic arthroscopy of the right knee on 07/01/10 followed by postoperative physical therapy. She notes that chondromalacia was noted in all three compartments intraoperatively. She notes that the claimant had no relief with Synvisc injections. She finds that the claimant does not meet criteria per Official Disability Guidelines. A subsequent appeal request was reviewed on 10/05/11 by Dr. Dr. non-certifies the request noting that the claimant has prior extensive physical therapy and Synvisc injections. He notes that the claimant's most recent examination notes medial joint line tenderness and range of motion of 0-100 degrees. MRI notes partial incomplete thickness tear of the anterior cruciate ligament with definite intact fibers. There was degenerative signal involving the posterior horn of the medial meniscus with degenerative fraying. He notes that the claimant has been treated for degenerative disc disease with viscosupplementation and she has continued knee pain, worse with activity. He notes that physical examination shows no reported ligamentous instability. Previous MRI was noted for findings prior to the surgical procedure. He notes that there is a lack of appropriate imaging studies supporting the requested procedure and therefore he recommends non-authorization of the requested surgery.

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

The request for right knee examination under anesthesia and arthroscopy with meniscal debridement is not supported by the submitted clinical information. The available medical records indicate that the claimant sustained a twisting injury to her knee on the date of injury. She has undergone extensive pre- and postoperative treatment. She underwent right knee arthroscopy 07/01/10, at which time she underwent a debridement, partial synovectomy, and chondroplasty. The claimant is noted to have grade 3/grade 4 chondromalacia of the patellofemoral compartment and grade 2-3 in the lateral compartment. The claimant has previously been placed at maximal medical improvement. The record does not contain any new imaging studies since the date of surgery of 07/01/10. Given her history of degenerative changes and lack of response to most conservative treatment and chronicity of the condition, the medical necessity cannot be established without these imaging studies and therefore the previous utilization reviewed determinations are upheld.

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)