

SENT VIA EMAIL OR FAX ON  
Sep/26/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/23/2011

**IRO CASE #:**

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

Right Knee Arthroscopy, Meniscal Debridement, and Chondroplasty

**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

Utilization review determination dated 07/06/11

Utilization review determination dated 08/11/11

Clinical records Center dated 05/05/11-08/31/11

Radiographic report right knee dated 05/05/11

MRI right knee dated 05/31/11

Peer review Dr. dated 06/14/11

Clinical records Dr. dated 06/21/11-08/16/11

Physical therapy evaluation dated 08/19/11

Letter of appeal dated 09/09/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained an injury to her right knee on xx/xx/xx. She subsequently sought care at Center on 05/05/11. She reported her knee feels sore and that she cannot stand on her right leg without pain. She is noted to be 5'2" tall and weighs 147 lbs. She has difficulty ambulating, decreased range of motion, tenderness, and swelling. She has hematoma to right medial knee. She was diagnosed with knee sprain and subsequently provided Ibuprofen and work restrictions. Radiographs of knee performed on this date showed no evidence of fracture or joint space narrowing.

The claimant was seen in follow-up on 05/12/11. She reported she is tender to touch. She

reported tingling feeling and cannot straighten or bend her leg forward. Physical examination indicates she is noted to have decreased range of motion, tenderness and swelling and evidence of hematoma. The claimant was ultimately referred for MRI of lumbar spine on 05/27/11. This study notes irregularity involving the articular cartilage of the lateral compartment consistent with grade III chondromalacia. The meniscus and lateral support structures are intact. There is a small horizontal tear of free edge of junction of body of posterior horn of medial meniscus with grade I MCL sprain.

On 06/15/11 a peer review was performed by Dr. Dr. reports the compensable diagnosis would include a meniscal tear. He notes there are some preexisting changes which include chondromalacia in lateral compartment. He finds the treatment provided to be reasonable, necessary, and related to date of injury. He recommended observation. He opines anymore of 9 sessions of physical therapy is unlikely to provide any additional result. He notes she does not appear to be surgical candidate at this time.

On 06/21/11 the claimant was seen by Dr. He reported the claimant has improved somewhat but continues to have mechanical symptoms with intermittent swelling. Physical examination shows full extension, flexion to 145 degrees. She has moderate effusion present. She has tenderness along the medial joint line. McMurray's testing was positive for medial compartment. He subsequently recommends the claimant undergo diagnostic arthroscopy.

On 07/06/11 the initial review of request was performed by Dr. Dr. notes that there has not been any conservative nonoperative rehab program or trial of any injection treatment. He notes MRI shows horizontal meniscus tear on free edge which would be most consistent with degenerative tear which may not require surgical intervention.

The claimant was subsequently seen in follow-up by Dr. on 07/19/11. He notes she continues to have difficulty in her knees. Surgical intervention was denied secondary to fact she has not had cortisone injection or physical therapy. Dr. opines that cortisone injection would lead to further cartilaginous wear in the medial compartment secondary to mechanical problems with meniscus tear and would be contraindicated is on crack. He further reports with the structural reason lesion physical therapy would not be of benefit. Dr. interprets the Official Disability Guidelines to indicate that with a symptomatic medial meniscus tear cortisone injection physical therapy would not be of benefit. He again subsequently recommends that the claimant undergo surgical intervention.

On 08/11/11 the appeal request was reviewed by Dr. who notes that the Official Disability Guidelines would not support knee arthroscopy and meniscectomy without conservative treatment being exhausted. The claimant has had no conservative treatment and therefore surgery is not supported. The claimant was subsequently seen in follow up on 08/16/11 in which she is reported to have worsening symptoms, catching and popping with intermittent swelling. She is able to fully extend the knee and can flex to 120 degrees with 1+ effusion. McMurray's test is again positive. The claimant was subsequently given a prescription for physical therapy.

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

The request for right knee arthroscopy meniscal debridement chondroplasty is not supported by the submitted clinical information and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant was struck in the knee on the date of injury by a child and subsequently received an MCL sprain and a horizontal tear to the medial meniscus. The claimant has not undergone any conservative treatment to include physical therapy and intraarticular injections of corticosteroids as required by the Official Disability Guidelines. It is noted that a request was placed by the treating provider in response to the prior utilization review determinations which indicates that the claimant was referred to physical therapy however it appears it was potentially either denied by the carrier or under utilization review. The provider has been directed to refer the claimant to physical therapy and an appropriate course of physical therapy should be provided to determine if the claimant is or is not a surgical candidate. Per the Official Disability Guidelines which would

consist of a total of nine sessions pre-operatively.

**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)