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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/20/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
2nd Left Knee Surgery: Left Knee Arthroscopy with Meniscectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for 2nd Left Knee Surgery: Left Knee Arthroscopy with Meniscectomy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Adverse determination notice 06/28/12
Adverse determination after reconsideration notice 07/24/12
Designated doctor's evaluation
Preauthorization request 06/22/12
Preauthorization reconsideration request 07/13/12
Office notes 06/07/10-07/17/12
DWC 69 narrative 01/25/12
Records from office of injured employee council 03/27/10-09/24/11
Request for medical contested case or SOAH hearing 01/29/09
Designated doctor's evaluation 1/17/10 and 02/25/10
Carrier's analysis for designated doctor's evaluation 11/11/10
Follow-up consultation notes 02/03/10-04/28/10
Peer review 04/22/10
Post designated doctor's required medical evaluation 10/26/09
Designated doctor's evaluation 09/08/09
Exam notes 02/16/09 and 02/07/09
MRI lumbar spine 06/11/12
Adverse determination notice 06/12/12
Manual muscle strength exam 06/07/10-05/25/12
Left knee MRI arthrogram 08/15/11
MRI left knee 07/08/10
MRI lumbar spine 02/16/10

Adverse determination notice 07/29/10, 06/29/10
Lumbar spine x-rays 02/16/10
Re-read MRI lumbar spine 12/13/10
MRI lumbar spine 08/12/09
Authorization notice 09/22/11
Adverse determination after reconsideration notice 06/08/11, 05/26/11
Operative report left knee arthroscopy with partial lateral meniscectomy 03/09/11
Authorization notice 12/29/10
Adverse determination notice 09/21/10, 08/31/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female. She was working when she fell, injuring her low back. She also injured her left knee. She had left knee arthroscopy with partial lateral meniscectomy on 03/09/11. She participated in postoperative physical therapy and had corticosteroid injections performed on 05/23/11. She complained of popping in knee and locking sensation. MRI arthrogram was performed on 08/15/11 and revealed type III signal in anterior horn of lateral meniscus compatible with meniscal tear. On 09/12/11 the notes indicate she was initially doing well following her left knee surgery. But after her first set of physical therapy, she had severe and persistent pain. A corticosteroid injection was performed. She continued with physical therapy during which time she heard a popping and clicking sensation in the knee. Since then she has been having persistent knee pain. MR arthrogram of the left knee revealed possible re-tear of lateral meniscus. On 03/26/12, at a visit with her provider it was noted that since her last visit, various options were discussed including revision left knee arthroscopy for persistent pain and possible re-tearing. On examination of the left knee there is severe tenderness over the lateral joint line with limited range of motion with 5 degree extension lag to 110 degrees of flexion with pain. She had pain with varus to valgus stress. There is no instability noted. Lachman's was negative. Lateral McMurray's is positive. The claimant was advised to continue wearing her knee brace and she was also advised on various home exercises and stretching to help with range of motion and strengthening. On 05/25/12, an examination of her left knee noted tenderness over the lateral joint line with limited range of motion with 5 degree extension lag to 110 degrees of flexion with pain. There is pain with varus and valgus stress. There is no instability noted. There was negative Lachman's and positive lateral McMurray's. A request for second left knee surgery: left knee arthroscopy with meniscectomy was non-certified per review dated 06/28/12. It was noted the claimant was status post left knee arthroscopy, partial lateral meniscectomy on 03/09/11. The claimant continues to have complaints of knee pain. MRI arthrogram with over read in 11/11 notes findings that were not consistent with re-tear. Radiologist notes signal abnormalities are not consistent with recurrent or residual meniscal tear. The claimant had designated doctor's evaluation from 06/01/12 but notes there is no McMurray's on exam, and some limited range of motion. Designated doctor's evaluation notes exam findings with mild swelling, flexion 109, full extension, negative McMurray's. The reviewer noted given the overwhelming evidence that appears to not support lateral meniscus tear, the request for repeat surgery is unlikely to be of any benefit and request is not medically necessary. A reconsideration request was non-authorized per review dated 07/24/12. It was noted the claimant underwent previous left knee arthroscopy with partial lateral meniscectomy on 03/09/11. She continued to complain of left knee pain as well as low back pain. MR arthrogram reported findings consistent with a meniscal tear, but this could also be consistent with post-operative changes. There are conflicting findings on examination by Dr. performed 05/25/12 and designated doctor evaluation on 06/01/12. Dr. reported positive McMurray's, while the designated doctor indicated McMurray's testing was negative. There is no documentation of recent conservative treatment for the left knee.

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

This claimant sustained an injury injuring her left knee and low back. She had left knee arthroscopy with partial lateral meniscectomy on 03/09/11 followed by a course of postoperative physical therapy. She continues to complain of left knee pain despite conservative treatment such as therapy and corticosteroid injection. MR arthrogram of left knee on 08/15/11 reported findings of possible re-tear of medial meniscus; however, as previously noted this could represent postoperative changes from previous meniscectomy. There are conflicting findings on physical examination with Dr. reporting positive McMurray's, but designated doctor reported McMurray's as negative. Given the current

clinical data, the reviewer finds medical necessity is not established for 2nd Left Knee Surgery: Left Knee Arthroscopy with Meniscectomy.

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)