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Notice of Independent Review Decision

DATE OF REVIEW: February 19, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left knee scope with possible meniscal debridement.

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

04/07/11: Medical Evaluation from by
04/11/11: Physical Therapy Evaluation at
04/12/11: Daily Therapy Treatment Note from
04/14/11: Medical Evaluation from by
04/15/11: Daily Therapy Treatment Note from
04/21/11: Medical Evaluation from by
05/05/11: Medical Evaluation from by
05/12/11: Medical Evaluation from by
06/17/11: Medical Evaluation from by
06/24/11: MRI Left Knee interpreted by
07/01/11: Medical Evaluation from by
07/15/11: Medical Evaluation from by
07/29/11: Notice of Utilization Review Findings (request was withdrawn)
07/29/11: Medical Evaluation from by
08/01/11: WC Office Visit at with

08/05/11: Medical Evaluation from by
09/01/11: WC Office Visit at with
09/02/11: Medical Evaluation from by
10/13/11: WC Office Visit at with
10/19/11: Medical Evaluation from by
10/26/11: Physical Therapy Evaluation at by
11/01/11: Notice of Intent to Issue an Adverse Determination for PT
11/02/11: Notice of Utilization Review Findings for PT
11/29/11: WC Office Visit at with
11/29/11: Medical Evaluation from by
12/05/11: Physical Therapy Updated Plan of Progress from KSF Orthopaedic Center by
12/05/11: Physical Therapy Daily Progress Note from
12/20/11: Physical Therapy Daily Progress Note from
01/04/12: Physical Therapy Daily Progress Note from
01/10/12: WC Office Visit at with
01/16/12: UR performed by
01/30/12: UR performed by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was working when she was injured on xx/xx/xx. At that time she tripped and fell forward onto a concrete surface landing on her left knee.

04/07/11: The claimant was evaluated by who diagnosed a left knee contusion and knee sprain and recommended physical therapy and prescribed Naproxen.

04/11/11: The claimant had a physical therapy evaluation where it was recommended she undergo therapy 3 times a week for 2-4 weeks.

06/24/11: MRI Left Knee interpreted by. Impression: Thickened distal patellar tendon contains high signal, with superficial edema and moderate fluid in the deep infrapatellar bursa. Findings represent acute tendinitis. Correlate with point tenderness. Linear fluid signal within the central tendon at the distal insertion may represent tendon tear. Small to moderate joint effusion. Small linear signal in the posterior horn of the medial meniscus communicates with the inferior articular surface and may represent a 2 mm tear or superficial fraying.

08/01/11: The claimant was evaluated by who reported she has persistent moderate and constant pain in the front of her knee associated with limping, swelling, pain with stairs and when sitting, some locking and loss of strength. He reported she underwent PT and took Naproxen. On physical examination there was localized swelling overlying tibial tuberosity. There was tenderness of the medial joint line, lateral joint line, tibial tubercle, and prepatella anterior. There was no patellar crepitus. On range of motion, passive flexion was 120, passive extension 0. Quadriceps strength 5/5. Lachman was negative, Anterior Drawer was negative, and Posterior Drawer was negative. Valgus and Varus laxity was negative. X-rays of the left knee dated 06/14/11 showed no bony abnormality. Diagnosis: Left prepatella bursitis, infrapatella tendinitis. She was

prescribed Naproxen, Omega 3, Calcium Tabs, and Glucosamine Chondroitin. attempted to aspirate the knee, but nothing was obtained. A knee pad protector was prescribed.

10/13/11: The claimant had a follow-up evaluation with who reported she had complaints of continued pain in her knee more along the lateral aspect. She denied feelings of instability in her knee. Diagnosis: Left patellofemoral syndrome, left prepatella bursitis, and infrapatella tendinitis. She was prescribed Voltaren 1% Gel and physical therapy.

11/29/11: The claimant had a follow-up evaluation with who reported that she continues with pain in front of her knee and fell at work the day before onto the left knee. On physical exam there was an abrasion anteriorly just above tibial tuberosity, anterior tenderness, and positive for crepitus. ROM was 120 degrees of flexion and 0 degrees of extension. Plan: No surgical indication, try again with PT, continue Naprosyn.

01/10/12: The claimant had a follow-up with who reported she has continued to work as a housekeeper but has not had improvement with her knee pain which she described on both sides and behind her knee as well as in front. She had gone to PT without improvement. On physical exam there was tenderness in the medial joint line, lateral joint line, anterior. ROM was 110 degrees with flexion and 0 with extension. McMurray test was positive. She was prescribed Tizanidine Hcl and Vicodin. stated she had exhausted conservative management and is nine months post injury. He recommended arthroscopic surgery and PT to start the day after surgery.

01/16/12: UR performed by Reason for Difference: The doctor noted that she is now about 9 months post injury. She has been working as a housekeeper but has not improved with her knee pain which she describes on both sides and behind her knee as well as in front. She has gone to physical therapy without improvement. The exam of the left knee showed tenderness in the medial joint line, and lateral joint line anterior tenderness. The range of motion with passive flexion was 110, extension 0, pain with flexion, and there is a positive McMurray's sign. The impression was a left prepatellar bursitis and tendinitis. The doctor felt the MRI suggested a medial meniscus tear. Prior care was a neoprene knee support with just 3 sessions of therapy post injury. The doctor felt there was a meniscal tear, but I did not see it on the MRI report, therefore, I am not able to verify that criterion 4 (of ODG) is met. Also, with just three sessions of therapy, I am not able to confirm that conservative care had been exhausted. At present, the records and the evidence-based citations do not support an authorization of the request.

01/30/12: UR performed by Reason for Difference: The claimant has had constant pain since with complaints of limping, swelling and pain with stairs, some pain with sitting. The claimant reported some locking and loss of strength. The claimant has received four sessions of physical therapy and has been prescribed Naproxen and Glucosamine chondroitin for medication treatment. The physical examination findings noted by are those of pre-patellar bursitis; otherwise, the findings are generalized in nature. At this

time, with the lack of findings of a mechanical nature and all findings pointing to a pre-patellar bursitis, the requested arthroscopy does not meet ODG criteria even though the MRI is equivocal, the claimant presents with findings of a pre-patellar bursitis and not of internal derangement. Therefore, the information does not support the requested arthroscopic surgery.

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

I agree with the previous reviewers and denial of outpatient left knee scope with possible meniscal debridement is upheld. After review of the medical records received, there is no indication of mechanical problems with the left knee that would benefit from a left knee scope with possible meniscal debridement. Based on physical exams, the claimant has clinical findings of patella tendinitis and prepatellar bursitis which is typical with her mechanism of injury. I also would not consider conservative care exhausted when the claimant has only had 4 sessions of physical therapy. At this time, the request for outpatient left knee scope with possible meniscal debridement is not supported by clinical findings or ODG.

ODG:

ODG Indications for Surgery™ -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

- 1. Conservative Care:** Medications. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS
- 3. Imaging Clinical Findings:** Imaging is inconclusive.

([Washington, 2003](#)) ([Lee, 2004](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive):

- 1. Conservative Care:** (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS
- 2. Subjective Clinical Findings (at least two):** Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
- 3. Objective Clinical Findings (at least two):** Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
- 4. Imaging Clinical Findings:** (Not required for locked/blocked knee.) Meniscal tear on MRI.

([Washington, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

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

- 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 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)**