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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/23/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with possible arthrotomy

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

Left knee arthroscopy with possible arthrotomy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

DWC-73 forms dated 09/12/11, 09/21/11, 10/17/11, 11/02/11, 11/30/11, and 01/05/12
Evaluations with dated 09/12/11 and 09/21/11

X-rays of the left knee dated 09/12/11 and interpreted by
An MRI of the left knee dated 09/20/11 and interpreted by
A request for a left knee MRI from dated 09/28/11
Evaluations from dated 10/05/11 and 12/20/11
An evaluation from dated 10/17/11
Peer Review from dated 10/18/11
Reports from dated 11/02/11, 11/30/11, and 01/05/12
Physical therapy evaluation dated 11/09/11 from an unknown therapist (the signature was illegible)
Physical therapy discharge summary dated 11/30/11 from the unknown therapist
Preauthorization request dated 12/21/11 from
Preauthorization notices from Concentra dated 12/27/11 and 01/24/12
An appeal for the requested surgery dated 12/27/11 from
Utilization Review Determinations from ESIS dated 12/27/11 and 01/26/12
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx/xx/xx, the claimant noted he was climbing down the ladder of his truck and as he went to place his left foot on the bottom rung of the ladder, he slipped through the ladder causing him to fall and wrench his left knee. There was tenderness in the left knee with limited range of motion and swelling. Methylprednisone was prescribed and an MRI was recommended. X-rays that day showed degenerative changes without fracture and dislocation. An MRI of the left knee was obtained on 09/20/11 and revealed tricompartmental chondromalacia and osteophytic changes most marked involving the medial compartment, but with some chondromalacia patellar changes and some focal full thickness cartilage erosion of the posterior aspect of the lateral femoral condyle in a somewhat linear fashion. A slightly complex, probably degenerative-type, horizontal cleavage tear of the medial meniscus was noted extending from the anterior body to the posterior horn. This was noted to be possibly associated with a paralabral cyst anterior to the anterior horn of the medial meniscus. Some degenerative changes of the lateral meniscus with some blunting of the posterior horn and the posterior root and probably some focal degenerative fraying was noted. examined the claimant on 10/05/11. It was noted he did have a history of gout. He was tender over the medial joint line and had pain with range of motion. The claimant was advised to treat the poison ivy on the anterior aspect of his left leg and left knee arthroscopy with possible arthrotomy was recommended. evaluated the claimant on 10/17/11 and noted the knee was still painful and when he tried to walk, it was severely painful. The surgery had been denied and he was released from his job because he did not report the injury in a timely manner. Examination was essentially unchanged and he was referred to examined the claimant on 11/02/11. He walked with a mild limp and he could stand on his toes and heels. Range of motion was from 0 to 110 degrees. The MRI was reviewed. discussed the claimant with and they agreed to try conservative treatment and then request the surgery again. Six sessions of physical therapy were recommended. On 11/30/11, the claimant

noted therapy did not help him. Examination was unchanged. felt the claimant's medial meniscal derangement was accelerated or aggravated by the work injury, as the claimant noted he was asymptomatic prior to the injury. He noted the claimant failed conservative care. reexamined the claimant on 12/20/11 and again recommended arthroscopy and possible arthrotomy. Weight loss was advised. On 12/27/11,. felt the requested left knee arthroscopy with possible arthrotomy was not appropriate and provided an adverse determination. On 01/05/12, noted that surgery had been denied again. He had difficulty weightbearing on his heels and toes. noted baring surgery, improvement appeared unlikely and the surgery was again requested. with also provided an adverse determination for the requested left knee arthroscopy with possible arthrotomy on 01/26/12.

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

Although the claimant has objective clinical findings in the left knee of a positive McMurray's test, effusion, and joint pain, it does not appear he has exhausted the appropriate and recommended conservative treatment by the ODG prior to undergoing surgery. It does not appear that he has been given appropriate pharmacological therapy to determine if it provides clinical or functional improvement nor does it appear he has exhausted a trial of physical therapy. He was evaluated in therapy on 11/09/11, but then discharged on 11/30/11 without any documentation of the therapy visits provided. Although, it is noted he did attend therapy, there is no documentation of those visits or his response or clinical benefit. Therefore, the requested left knee arthroscopy with possible arthrotomy is not reasonable or necessary. The previous adverse determinations should be upheld at this time.

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 AND KNOWLEDGE BASE**
- 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)**