

SENT VIA EMAIL OR FAX ON
Feb/03/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy and medial meniscectomy

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 dated 01/20/12

Utilization review determinations dated 12/29/11 and 01/20/12

Request for IRO dated 01/23/12

Clinical records Dr. dated 01/11/12, 12/14/11, 11/16/11, 10/19/11, 09/06/11, and 07/19/11

MRI left knee 03/29/11

Physical therapy progress notes

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The mechanism of injury is not described. However, the claimant is reported to have sustained injuries to bilateral knees and right shoulder. MRI is reported to show rotator cuff tear with displacement. He underwent open rotator cuff repair in 09/11. Postoperatively he was noted to have significant pain and was seen at local ER for pain control. The claimant was seen on 10/19/11 with complaints of bilateral knee pain and right shoulder pain. He was

sent for repeat MRI due to limited range of motion of shoulder. He has been having physical therapy. He reported pain to both knees but left knee is now causing most symptomatology. MRI performed by Dr. Boushka after injury showed chondromalacia and posttraumatic changes of posterior cruciate tear by Dr. interpretation a medial meniscal injury with significant mucoid degeneration most likely tear posteriorly going along with posterior cruciate ligament tear now reports pain in right knee. He had MRI performed which showed inferior medial meniscal tear with significant chondromalacia of patella. On physical examination he is reported to have positive reverse drawer test, posterior cruciate injury not completely unstable but grade II. Examination of right knee shows pain in medial joint line with palpation. Lachman's test is negative. There is no rotary instability. He has significant chondromalacia changes with crepitus in patella bilaterally. He received left knee injection and corticosteroids. MRI of right shoulder is noted to have shown good repair. He is noted to have significant tendinitis of biceps tendon and mild adhesive capsulitis. Records indicate the claimant was continued in physical therapy for the shoulder and had continued pain on left shoulder. Physical examination of left lower extremity is unchanged. She subsequently was recommended to undergo left knee arthroscopy, meniscectomy, and posterior cruciate reconstruction if necessary. It is reported on 01/11/12 that the claimant has increasing symptomatology in his knees. The claimant now reports he has significant mechanical symptoms including locking, popping, give way, nocturnal pain, swelling. He is noted to have significant limitations in range of motion particularly in afternoon. MRI has been discussed. On examination of left knee he has pain in posterior medial joint line. He has effusion. He has instability of posterior cruciate ligaments. He has reverse pivot shift. Drawer test is positive. The record includes MRI of left knee dated 03/29/11. This shows high-grade partial thickness tear of distal third of posterior cruciate ligament; severe grade IV chondromalacia involving retropatellar surface of lateral trochlea facet; small joint effusion. There is mild diffuse cartilaginous loss in medial compartments of knee. Medial meniscus is intact. There is mild diffuse cartilaginous loss in lateral compartment but lateral meniscus is intact.

The initial review performed on 12/29/11 by non-certified the request. He notes while it is understood the claimant is with PCL injury on MR imaging, there is nothing supportive of meniscal process for which the surgery would be indicated. He notes imaging fails to demonstrate any meniscal injury, and the proposed surgery cannot be supported as medically necessary.

The appeal request was performed by Dr.. Dr. non-certified the request. He noted MRI scan revealed medial meniscus to be intact. Meniscal integrity is not reported. He subsequently renders adverse determination. He noted while diagnostic arthroscopy should be considered; the opportunity to obtain agreement with request modification is not available.

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

The request for left knee arthroscopy and medial meniscectomy is recommended for left knee arthroscopy and indicated procedures. The submitted clinical records indicate the claimant sustained a work related injury to his knee on xx/xx/xx. The record does not provide mechanism of injury. However, the claimant sustained bilateral knee trauma and right shoulder full thickness rotator cuff tear with retraction suggesting trauma of some degree of significance. The claimant has had consistent complaints of bilateral knee pain left greater than right. Imaging has shown disruption of PCL with evidence of multicompart ment degenerative changes. While MRI does not show any overt evidence of meniscal tear, the claimant clearly has intraarticular pathology which should be evaluated through diagnostic arthroscopy given his lack of response of conservative treatment. If a meniscal tear is identified, then meniscectomy or meniscal repair would be indicated. Given the claimant's poor response to shoulder surgery, it is unclear if repair of PCL would be of benefit or potentially result in unremitting chronic pain. There is sufficient data to support evidence of pathology, and therefore, the previous determinations are overturned.

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)