



Southwestern Forensic
Associates, Inc.

Amended January 5, 2012

DATE OF REVIEW: 12/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopic surgery including medial and lateral meniscectomy, chondroplasty, removal of loose body, synovectomy with major joint injection, and surgical assistance

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. forms
2. Certification page
3. TDI referral forms
4. Denial letters, 10/10/11 and 11/23/11
5. Requester records
6. TWCC-73 forms, five entries between 09/07/11 and 12/06/11
7. Clinical notes, six entries between 09/06/11 and 12/06/11
8. Nurse Manager conference, 11/15/11
9. URA records, fax cover sheet, 11/03/11
10. Medical Center surgery scheduling sheet
11. MRI scan, right knee, 07/28/11
12. Functional Capacity Evaluations, 08/23/11 and 10/25/11
13. Pain Questionnaire, 08/23/11 and 10/25/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a male who suffered a strain injury and fall, injuring his right knee on xx/xx/xx. He has had persistent pain in the right knee, as well as mechanical symptoms of catching, giving way, and locking. The claimant has been treated with a series of pain medications, physical therapy, and local intra-articular injections. An MRI scan performed on 07/28/11 revealed no focal linear surface or defect of either meniscus. He had grade II or III patellofemoral chondromalacia with a small focus of subosteochondral irregularities. There is minimal thickening of the medial collateral ligament. No discontinuity or tear is evident. He has diminished range of motion of the knee. He has positive crepitus, a negative apprehension test, a positive McMurray's, and a positive Apley's grind test. His clinical impression has been one of medial and lateral meniscus tearing or internal derangement of the knee. A request to pre-authorize arthroscopic surgery of the right knee including medial and lateral meniscectomy, chondroplasty, removal of loose fragments, synovectomy, and major joint injection has been considered and denied. It was reconsidered and denied.

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

The request to pre-authorize the arthroscopic surgery includes an itemized list of procedures for which the prerequisite pathology has not been confirmed. For example, there is no confirmation of meniscal tearing involving either surface of the menisci and, as such, pre-authorization of medial and lateral meniscectomy is not appropriate. There are no defined loose fragments and, therefore, pre-authorizing removal of a loose fragment is not appropriate. There is no mention of extensive synovitis to justify pre-authorization of synovectomy. The prior denial of this request to pre-authorize arthroscopic surgery of the right knee with the aforementioned procedures was appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)