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## Notice of Independent Review Decision

**DATE OF REVIEW:** 01/12/12

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient left knee arthroscopy with meniscectomy/medial/lateral and debridement chondroplasty

### **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.

Outpatient left knee arthroscopy with meniscectomy/medial/lateral and debridement chondroplasty - Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Operative report dated 04/13/05 from M.D.

Evaluations with Dr. dated 01/22/10, 02/12/10, 03/25/10, 07/08/10, 02/10/11, 02/21/11, 08/16/11, 09/23/11, 11/03/11, and 12/06/11

An MRI of the left knee dated 03/05/10 and interpreted by M.D.

A physical therapy initial evaluation with P.T. on 07/15/10

Physical therapy daily notes on 07/29/10 and 08/03/10

Utilization Review Decisions from dated 11/16/11 and 12/12/11

A letter written by Dr. on 11/30/11

A letter to Professional Associates, IRO,

An undated list of providers how have seen the patient

The Official Disability Guidelines (ODG) - Knee & Leg were provided

## **PATIENT CLINICAL HISTORY**

Dr. performed a left knee arthroscopy, partial lateral meniscectomy, and synovectomy on 04/13/05. Dr. evaluated the patient on 01/22/10 and noted he had not seen her since 2005. Ketoprofen cream and Naprelan were prescribed. On 02/12/00, Dr. recommended an MRI of the left knee, which was performed on 03/05/10. It revealed very mild cartilage loss of the patellofemoral compartment and weightbearing surface of the medial compartment, grade 1 MCL sprain pattern, moderate joint effusion, and possible mild patellar tendinosis. On 07/08/10, Dr. reviewed the MRI. She had pain and swelling in the knee with full range of motion and no instability. A steroid injection was performed at that time. Six sessions of therapy were prescribed. On 07/29/10 and 08/03/10, the patient attended therapy with Ms.. On 02/01/11, the patient informed Dr. her knee still got swollen. Another steroid injection was performed. A request for a Synvisc injection was also noted. Dr. stated on 08/16/11 the Synvisc injection had not been approved. 10 cc's of clear yellow fluid was aspirated from the knee and then a steroid injection was performed. Dr. reexamined the patient on 09/23/11 and she was unchanged. 20 cc's of fluid were aspirated and another steroid injection was performed. Pennsaid drops were prescribed and repeat arthroscopy was discussed. On 11/03/11, the patient was unchanged and therefore, Dr. recommended repeat arthroscopy. On 11/16/11, , M.D., for , provided a non-certification for the requested left knee surgery. On 12/06/11, Dr. performed another steroid injection and again recommended surgery. On 12/12/11, M.D. also provided a non-certification from for the outpatient left knee arthroscopy with meniscectomy/medial/lateral and debridement chondroplasty.

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

The MRI dated 03/05/10 revealed the medial and lateral menisci were intact, as well as mild cartilage loss of the patellofemoral compartment and weightbearing surface. The ODG supports meniscectomy if there is objective evidence of a meniscal tear. Based on the documentation provided, the MRI was negative for a meniscal tear, either laterally or medially. The documentation does not indicate whether the patient has a positive McMurray's or any other objective evidence of instability. The examinations document mild effusion, mild tenderness, and pain with flexion. Her actual range of motion was not documented. There is also no documentation of clicking, popping, or giving way, also indications for meniscectomy, according to the ODG. Criteria for chondroplasty include subjective complaints of pain and swelling and objective effusion, crepitus, and limited range of motion. Again, there is no objective documentation of crepitus and although it is stated that the patient has reduced range of motion, it is not clear if this due to pain, as her actual range of motion findings were not documented in the records provided. According to the MRI of 03/05/10, the cartilage loss in the patellofemoral compartment was noted to be very mild. Therefore, the requested outpatient left knee arthroscopy with meniscectomy/medial/lateral and debridement chondroplasty is not reasonable or necessary and 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)