

SENT VIA EMAIL OR FAX ON
Dec/16/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Knee Arthroscopy with Debridement and Synovectomy; Assistant Surgeon

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified 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
Notification of determination 10/26/11
Reconsideration/appeal review determination 11/03/11
MRI right knee 08/06/10, 04/22/11
Office notes Orthopedic Specialists of 07/15/10-10/20/11
Procedure note right intraarticular cortisone injection right knee 09/01/10, 03/11/11
Operative report medial and lateral meniscectomies, partial and limited synovectomy 01/05/11
Clinical pathology lab report 03/07/11
Preauthorization request 10/20/11, 10/26/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who reportedly was injured on xx/xx/xx. According to MRI dated 08/06/10 the injured employee had medial right knee pain after falling. MRI on 08/06/10 revealed somewhat complex tear of the medial meniscus with a full thickness radial component at the lateral third of the posterior horn with a degenerative component in the

more medial posterior horn and body. There is probable horizontal tear of the body of the lateral meniscus. Mild degenerative changes also were noted. After failing conservative treatment including medications, therapy and injection, the injured employee underwent right knee surgery on 01/05/11 with partial and lateral meniscectomies and limited synovectomy. The injured employee continued to complain of right knee pain. An intraarticular cortisone injection was performed on 03/11/11 and follow up note dated 03/31/11 indicated 2 days improvement with injection. Knee aspirate from last exam was negative. Examination at that time revealed antalgic gait with tenderness to palpation over the medial and lateral knee. Range of motion was limited with pain. There was no evidence of instability. There was negative Steinman and McMurray testing, normal tracking and alignment and mobility. There was normal motor and muscle function. Sensation was normal. Repeat MRI was performed on 04/22/11 and reported impression of ACL sprain suspected, ligament not disrupted. Previous surgical debridement involves medial meniscus as seen on previous; moderate size joint effusion; interval development of focal high grade cartilage injury at the central trochlea. The claimant was seen on 10/20/11. MRI results noted chondromalacia in trochlea and continued medial compartment changes, no significant evidence of recurrent meniscal tear. It was noted that nonoperative options were exhausted and the injured employee was recommended for surgical management.

A request for outpatient right knee arthroscopy with debridement and synovectomy was reviewed on 10/26/11 and determined as not medically necessary. It was noted the injured employee complains of ongoing right knee pain despite previous surgical intervention. Official Disability Guidelines recommend arthroscopic debridement and synovectomy provided the patient meets specific criteria. There is mention in the clinic note regarding the injured employee's recent MRI; however, no imaging studies were submitted for review in order to confirm injured employee significant clinical findings. Given the lack of documentation regarding imaging studies confirming clinical findings, the request does not meet guideline recommendations.

An appeal request for right knee arthroscopy with debridement and synovectomy with assistant surgeon was reviewed on 11/03/11 and the request was non-certified as medically necessary. It was noted there was documentation of right knee MRI dated 04/22/11 revealing ACL sprain suspected, ligament not disrupted; previous surgical debridement involves medial meniscus, moderate joint effusion, and interval development of focal high grade cartilage injury at central trochlea. In addition there is documentation per 10/20/11 medical report that the injured employee presents with anterior and medial pain; physical examination revealed antalgic gait, minimal effusion, range of motion limited with pain, tenderness to palpation medial and lateral joint line and patella, positive patella compression with crepitus. Conservative treatment has included medications, intraarticular injections (with positive response), and activity modification. However, there was no documentation of special circumstances necessitating assistant surgeon as well as statement indicating why OR personnel would have been inadequate to perform necessary maneuvers for this surgical procedure to support medical necessity of assistant surgeon. Therefore, despite meeting criteria for certification for appeal right knee arthroscopy with debridement and synovectomy given the inability to make contact with requesting physician to establish agreement to partial certification, medical necessity of the request is not substantiated.

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

The request for right knee arthroscopy with debridement and synovectomy, and assistant surgeon is indicated as medically necessary based on clinical data provided. The records indicate the claimant sustained injury to right knee on xx/xx/xx. After failing course of conservative treatment, the injured employee underwent right knee surgery for partial medial and lateral meniscectomies and limited synovectomy on 01/05/11. The claimant remained symptomatic following surgery. A right intraarticular cortisone injection was performed on 03/11/11 and provided 2 days of temporary relief. Repeat MRI revealed suspected ACL sprain (ligament not disrupted), as well as previous surgical debridement involving the medial meniscus with moderate joint effusion and interval development of focal high grade cartilage injury at central trochlea. On examination the injured employee presented with anterior and

medial pain. On examination there was antalgic gait, minimal effusion, and range of motion limited with pain. There was medial and lateral joint line tenderness to palpation as well as tenderness over the patella, positive patella compression test and crepitus. The injured employee was treated conservatively with medications, intraarticular injection with positive response, and activity modification. Accordingly, the injured employee meets ODG criteria for proposed arthroscopic procedure. Use of assistant surgeon is indicated as sometimes required per American College of Surgeons 2007 Study Physicians as Assistants at Surgery. As such, medical necessity is established, and previous denial should be overturned on IRO.

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)