

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

R Knee partial medial meniscectomy microfracture chondroplasty

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

M.D., 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

Official Disability Guidelines
notifications of determinations, 12/08/11, 12/21/11
Office notes MD 10/20/11 through 11/30/11
Physical therapy evaluation and daily progress notes 11/07/11 through 12/14/11
MRI right knee 10/22/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who twisted and injured his right knee on xx/xx/xx. He experienced immediate pain and swelling and was taken to an emergency department where he was placed in a splint and referred to Orthopedic Clinic. An MRI of the right knee performed 10/22/11 revealed focal articular cartilage loss on the lateral articular facet of the patella. Changes of tendinosis in the semimembranosus with changes or bursitis at the posteromedial aspect of the tibia. Medial meniscal degeneration was noted but no definite meniscal or cruciate tear was identified. He was treated with medications and physical therapy times 11 visits. Light duty and bracing have helped somewhat but he continues to have moderate pain and swelling. He was noted to have a history of previous right knee scope in 1993 and left knee ACL reconstruction in 2005. Physical examination performed 11/30/11 reported him to be 75 inches tall and 330 pounds. Right knee examination revealed tenderness of the medial capsule. There was 1+ effusion. There was patellofemoral crepitus, positive patellar grind, positive McMurray's, negative Lachman, negative posterior drawer, knee stable to varus and valgus stress. He was recommended to undergo right knee arthroscopic partial medial meniscectomy and abrasion chondroplasty versus microfracture of the patellofemoral joint.

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

This man has undergone an appropriate course of conservative care including physical therapy, bracing, medications, and activity modification/work restrictions without resolution. Physical examination findings are consistent with meniscal tear. Although MRI did not reveal a definite meniscal tear, there is evidence of medial meniscal degeneration. Noting that MRI scan is not 100% accurate and can report false negatives, and noting that the claimant's exam findings are consistent with meniscal pathology, the reviewer finds that the requested R Knee partial medial meniscectomy microfracture chondroplasty is medically necessary.

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)