



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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*NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION  
Workers' Compensation Health Care Non-network (WC)  
MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW:** 6/14/2012

**IRO CASE #:**

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

Right Knee Arthroscopy

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

**REVIEW OUTCOME** [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY:**

The patient was noted to have been injured in xx/xxxx. Reportedly the patient underwent, in October 2011, surgery for torn anterior and posterior cruciate ligaments, as well as for treatment of meniscal pathology. The patient has had recurrent and/or persistent pain. The MRI arthrogram of the right knee from April 23, 2012, was noted to appear to reveal a healing osteochondral lesion in the central lateral patella and findings consistent with prior surgical intervention, including repair of meniscal pathology.

The AP records were reviewed after a review of the aforementioned MRI. The most recent AP records discussed, as of April 23, 2012, persistent pain, popping, clicking, locking, and giving way of the knee with a positive McMurray sign, although the MRI arthrogram was noted to reveal "no new tears." The impression was that of "right knee derangement" and it was noted that the patient has tried and failed conservative treatment, including therapy and cortisone injection. A diagnostic scope was felt indicated for the recurrent or persistent pain and the range of motion that was "limited by pain...diffuse soft-tissue swelling..." as per the physician.



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Original injury mechanism was that the patient "slipped on oil at work on XX/XX/XX." The records from were also reviewed from February 2, 2012, per the physician, revealing the therapy treatments rendered in early 2012.

The operative summary from October 25, 2011, revealed arthroscopic ACL repair utilizing amniotic membrane graft, PCL repair utilizing a similar graft, partial medial and lateral meniscectomies, complete synovectomy, abrasion arthroplasty of the medial femoral condyle, adhesion removal, and installation of platelet-rich plasma.

The next set of records included the peer review dated April 23, 2012. Within that review, it discussed that the patient's postoperative course had been protracted and exacerbated by her overall body habitus. It was also noted that the patient had a "guarded" prognosis.

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

The patient has well-documented mechanical subjective findings aside from exclusive pain. The patient also has abnormal physical findings that correlate with the subjective complaints. Despite the MRI arthrogram not necessarily revealing any new tears and some degree of healing of the patellar osteochondral lesion, this patient clearly has failed reasonable postoperative treatments. The patient clearly has a combination of pain and recurrent mechanical issues. The *Official Disability Guidelines* clearly support at least an arthroscopic surgery due to the failure of reasonable nonoperative treatment and both the positive subjective and objective findings of swelling and positive McMurray and tenderness at the joint line. Therefore, the proposed procedure is reasonable and necessary, as per applicable *Official Disability Guidelines* and the insurer's denial is overturned.

### **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 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



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- 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)**