Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/28/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right knee evaluation under anesthesia, diagnostic arthroscopy, possible meniscectomy or repair

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering internal derangement of the knee

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

__X__Upheld_ (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. SWF forms
2. TDI referral forms
3. Denial letters, 05/10/12 and 04/25/12
4. Requester records
5. Surgeries to be scheduled form, 04/18/12 with clinical note
6. Clinical letter, 04/07/12 with clinical note, 04/06/12
7. Clinical notes, 06/10/11 and 04/18/12
8. X-ray reports, standing, knees, 04/06/11 with 3-view right knee revealing osteoarthritic changes
9. Designated Doctor Evaluation, xxxxxx, 12/07/11 for extent of injury
10. Addendum to Designated Doctor Evaluation, 01/13/12
11. Benefit Dispute Agreement, 02/14/12
12. Dispute letter, 04/18/12

8005 Pinto Path
Austin, TX 78736
903.348.2504 * 512.697.8301 (fax) * nan@swforensics.com

13. MRI scan, right knee, 08/23/10
14. MD, clinical notes 02/07/11, 12/30/10, 12/20/10 and 12/06/10
15. URA records
16. Operative report, 10/14/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The claimant is a male who suffered an injury to his right knee on xx/xx/xx while performing work in a deep-knee-bend squatting position. The date of injury is xx/xx/xx. On 10/14/10, the claimant underwent an arthroscopic surgical procedure, including examination under anesthesia, excision of tearing of the lateral meniscus, debridement of chondromalacia patella, drilling of osteochondral lesion of the lateral femoral condyle, and chondroplasty of the femoral groove of the right knee. Subsequent to this surgical procedure, the claimant has been treated in a brace; he has been treated with physical therapy, and medications. He has been provided with activity restrictions. He continues to suffer pain in the right knee. He reports interference with the performance of the activities of daily living. Physical findings suggest crepitation in the patellofemoral joint. There is a suggestion of possible anterior cruciate ligament laxity and the Thessaly test is positive. The claimant suffers internal derangement of the right knee with some osteoarthritic changes. There is no current MRI scan. The request to perform a repeat examination under anesthesia, diagnostic arthroscopy, and possible debridement of meniscal lesion or repair was considered and denied; it was reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
It would appear that this claimant's principal problem is one of right knee pain subsequent to the surgical procedure performed on 10/14/10. There is no current MRI scan. The documentation of abnormal findings is limited. It is clear that the claimant suffers internal derangement of the right knee. There are treatment opportunities that have not been documented. In the absence of adequate documentation of nonoperative treatment, a repeat arthroscopic procedure for examination under anesthesia, and diagnostic arthroscopy cannot be supported. The prior denial of this surgical preauthorization request 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.

__X__Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.)

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