



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
 Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

**DATE OF REVIEW:** 3/14/2012

**IRO CASE #:**

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

LEFT KNEE ARTHROSCOPY/ MENISCECTOMY.

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

M.D. Board Certified in Orthopedic Surgery Fellowship Trained In Spine 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**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	2/23/2012
IMO Adverse Determination Letters	2/02/2012-2/20/2012
Orthopaedic Surgery Group Request for Pre- Certification Evaluation Reports	2/13/2011-1/27/2012 11/30/2011-2/08/2012
X-Ray MRI Left Knee Report MRI Lumbar Spine Report	11/15/2011 1/15/2011
Imaging MRI Left Knee Report	8/17/2010
Health Centers Office Visit Notes Physical Evaluation Functional Capacity Evaluations Physical Performance Evaluation	9/22/2011-3/01/2012 12/03/2010 9/08/2010-1/18/2011 3/09/2011
Diagnostics, LLC Statement of Medical Necessity	1/25/2011-2/21/2011
Imaging Center CT Report	11/19/2010
M.D. Progress Notes	1/05/2012-2/08/2012
Medical Center MRI Knee Left	9/06/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**



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Brief History of the Present Illness: female sustained an axial load onto the left knee on xx/xx/xx. Subsequent MRI on August 17, 2010 revealed a non-displaced lateral tibial plateau fracture. Due to persistent pain despite conservative management to include therapy and injections, patient underwent a repeat MRI on September 2011 and by report pertinent findings included chondromalacia of the medial compartment with no evidence of medial meniscal tear.

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

The requested arthroscopy is not Medically Necessary.

MRIs are highly sensitive and specific in detecting medial meniscal tears on the order of 90-95%. In this particular case, there is a disagreement between the requesting physicians interpretation of the MRI findings (medial meniscal tear) and the radiologist interpretation (myxoid degeneration and without mention of tears). Given the potential bias associated with surgeon self interpretation of diagnostic MRI, along with the high sensitivity/ specificity of MRI findings, this independent medical reviewer would defer the diagnosis of an acute meniscal tear to findings specifically reported on the MRI.

**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
- 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:

1. ODG Guidelines

2. **MRI-Arthroscopy Correlation: The Knee**

**MD<sup>1</sup>; MD<sup>2</sup>; MD<sup>1</sup>**

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<sup>2</sup> NationalRad, 1930 North Commerce Parkway, Suite #5, Weston, FL 33326

### **View Disclosures and Other Information**

*The Journal of Bone & Joint Surgery.* 2011; 93:1735-1745  
doi:10.2106/JBJS.9318icl

3. [Am J Knee Surg.](#) 1999 Spring;12(2):91-7.

**The influence of MRI on treatment decisions regarding knee injuries.**

[Alioto RJ](#), [Browne JE](#), [Barnhouse CD](#), [Scott AR](#).

### **Source**

Department of Orthopaedic Surgery, Duke University, Durham, North Carolina, USA.

4. [Radiology.](#) 1992 May;183(2):335-9.

**Can MR imaging effectively replace diagnostic arthroscopy?**

[Ruwe PA](#), [Wright J](#), [Randall RL](#), [Lynch JK](#), [Jokl P](#), [McCarthy S](#).

### **Source**

Department of Orthopedics and Rehabilitation, Yale University School of Medicine, New Haven, CT 06510.