



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/07/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopic surgery

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee problems

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

693 pages of medical records were submitted and reviewed:

1. Southwestern Forensic Associates forms
2. TDI referral forms
3. Denial letters, 01/23/12 and 02/14/12
4. Carrier records
5. Letter, State Office of Risk Management, 02/24/12
6. Index IRO:
 - A. Notice of Disputed Issues, etc., 02/07/08, 04/12/08, and 08/06/08

B. Diagnostics: MRI scan right and left knees, 03/14/08, revealing left knee mucoid degeneration of the anterior cruciate ligament, right knee medial meniscus tear with degenerated lateral compartment, mucoid degeneration anterior cruciate ligament; MRI scan left knee, 09/08/08; x-ray left knee, 11/09/08; right knee

arthrogram, 10/18/09; MR arthrogram, re-tear medial meniscus with osteoarthritic changes; right knee x-ray, 07/07/09; Functional Capacity Evaluation, 07/10/09 MRI scan, right knee, 12/21/11; recurrent tear, medial meniscus and lateral meniscus

C. Medical documentation: Clinical notes, Concentra, M.D., 02/01/08; physical therapy progress notes, multiple; individual psychotherapy notes, multiple; work hardening daily notes, multiple; rehabilitation progress notes, multiple; D.O. clinical notes, 36 entries between 02/16/08 and 06/17/11 including clinical note from M.D.; psychiatric evaluation 02/29/08, M. Ed, LPC, with addendum 02/29/08; 08/07/08, M.S., LPC; Center, M.D. clinical notes, 24 entries between 04/11/08 and 07/02/09 including documentation of viscosupplementation of the right knee; operative reports, 05/29/08, Surgical Hospital, right knee partial medial and lateral meniscectomies, tricompartmental synovectomy, and removal of loose body, M.D.; 11/04/08, Surgery Center, left knee diagnostic arthroscopy, synovectomy, plica excision, removal of loose body, M.D.; 01/27/09, Surgical Center, right knee arthroscopy, ACL reconstruction, chondroplasty, removal of loose body, tricompartmental synovectomy, M.D.; 02/04/10, Surgery Center, right knee arthroscopy, partial medial and lateral meniscectomies, microfracture medial femoral condyle and lateral femoral condyle, M.D. clinical notes, four entries between 11/03/09 and 08/03/10; MMI and impairment rating, 06/25/09, D.C., 6% whole person impairment rating; CT scan abdomen and pelvis, 07/04/19; Health Center emergency room evaluation and laboratory reports, 07/14/09 and 08/06/10; neuropsychiatric evaluation, Ph.D., 04/02/10; IME, M.D., 07/30/10; M.D., clinical notes, 08/13/10, 06/28/11; M.D., four clinical records between 09/19/11 and 01/25/12

D. Evaluations: TWCC-69 form, 04/23/08, D.O., with associated forms, and 11/02/10; M.D. TWCC-73, 04/23/08 and 02/10/10; Designated Doctor Evaluations, D.O., 04/23/08, M.D., 09/23/08, M.D. 02/10/10; MMI 02/09/10, 4% whole person impairment rating, with clarification 04/20/10, M.D., 11/12/10; psychological evaluations, Ph.D. 04/02/10; TWCC-69 instructions; order for Designated Doctor Evaluation, 09/27/10, with associated forms;

7. URA records, M.D., 11/15/11 and 12/27/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffered an injury to both knees while performing a restraint maneuver xx/xx/xx. He has suffered osteoarthritic changes with multiple evaluations including multiple MRI scans and arthrograms. He has suffered osteoarthritic changes of both knees. He has undergone multiple episodes of physical therapy, work hardening, and rehabilitation as well as psychological evaluations and individual psychotherapy and group psychotherapy. Most recently an MRI scan performed 12/11/11 revealed changes compatible with the prior medial and lateral meniscectomies of the right knee. The patient at this time is complaining of some clicking and popping. A request to preauthorize yet another right knee arthroscopic surgical procedure has been submitted. It 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:

This patient has undergone a number of arthroscopic surgical procedures which have only provided temporary relief of symptoms. There is no current documentation of nonoperative efforts to treat the current symptoms. The current symptoms are some popping and clicking, which could well be the result of advancing osteoarthritic changes. The criteria published in the ODG 2012 Knee Chapter require documentation of recent nonoperative treatment prior to preauthorization of arthroscopic surgery. Furthermore, there is little likelihood that yet another arthroscopic surgical procedure will be effective where previous surgical procedures have failed.

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.
- Medical judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)