

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/13/2012

**IRO CASE #:**

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

Right Knee Arthroscopy, Meniscal Debridement, Chondroplasty and possible Lateral Release

**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

Request for IRO dated 02/22/12

Request for IRO dated 02/13/12

Utilization review determination dated 12/16/11

Utilization review determination dated 01/26/12

Clinical records Dr. dated 03/01/11-02/09/12

MRI right knee dated 02/22/11

MRI right knee dated 07/12/10

Peer review dated 03/10/11

Operative report left shoulder dated 08/26/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained injuries to left shoulder and right knee. She is reported to have been walking down a ramp while it was raining and apparently sustained a contusion and twisting type injury to her knee. She was holding on to rail with her left upper extremity and sustained extension twisting type injury with immediate onset of pain. She was initially treated conservatively with physical therapy and no sustained improvement. She underwent MRI of shoulder, which noted large retracted full thickness rotator cuff tear with some atrophy surrounding the musculature. MRI of right knee dated 07/12/10, which predates the compensable event notes a tiny marginal tear of posterior horn of medial meniscus, moderate joint sized diffusion and diffuse osteoarthritis. Post injury MRI on 02/22/11 notes moderate tricompartmental osteoarthritis most severe in medial compartment. There is evidence of small marginal bone spur in lateral and patellofemoral compartment new since last examination. There may be evidence of laxity of posterior cruciate ligament, which appears intact. There is large joint effusion with near complete loss of articular cartilage in both medial and femoral condyle and medial tibial plateau. Records indicate the claimant

was ultimately taken to surgery for her shoulder on 08/26/11. At this time the claimant underwent a left shoulder rotator cuff repair with limited arthroscopy and debridement including labrum, intraarticular partial thickness subscapularis tear, partial thickness biceps tendon tear, and arthroscopic subacromial decompression was performed. Distal clavicle excision and biceps tendon grooveplasty were also performed. She was released to regular work activity on 12/01/11. She is reported to have continued difficulty with her right knee. It was recommended that the claimant receive a cartilage injection. There is also a recommendation for Right Knee Arthroscopy, Meniscal Debridement, Chondroplasty and possible Lateral Release.

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

The available data indicates that the claimant sustained a twisting injury to her right knee while descending a ramp. She has undergone at least six sessions of physical therapy. She has not had intraarticular injections. There is no supporting data regarding conservative methods attempted to date. She has significant tricompartmental osteoarthritis. Given that the claimant has not failed all conservative management, the ODG criteria has not been satisfied. The reviewer finds no medical necessity at this time for Right Knee Arthroscopy, Meniscal Debridement, Chondroplasty and possible Lateral Release.

**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)