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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Right Knee Arthroscopy with medial / lateral meniscectomy

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
Notification of determination 02/17/12
Appeal right knee arthroscopy determination 02/28/12
IRO summary 02/29/12
MRI right knee 01/06/12
Progress note 02/21/11-02/06/12
Operative report right knee arthroscopy with ACL and PCL augmentation, partial medial and lateral meniscectomy, complete synovectomy, abrasion arthroplasty patella and removal of adhesions 03/10/11
MRI right knee 07/01/10
Chiropractic progress notes 05/03/11-06/06/11
Preauthorization request and reconsideration request

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The patient complains of posterior medial knee pain. The patient underwent right knee arthroscopy on 03/10/11 with ACL and PCL augmentation as well as partial medial and lateral meniscectomy. The patient continued to complain of knee pain. MRI on 01/06/12 revealed large joint effusion in medial meniscus and posterior horn tear; degenerative joint disease involving medial compartment and patellofemoral compartment with grade III chondromalacia; visualized ligaments and tendons largely intact; mild medial subluxation of femur with respect to tibia most likely chronic. On examination there was medial and lateral joint line tenderness and positive McMurray's tests.

The case was reviewed on 02/17/12. The claimant sustained an injury when he was involved in a motor vehicle accident in which he was rear ended and his knee hit the dashboard. He continues to have pain with popping and clicking of the knee. On examination McMurray's test is positive. It was noted that the 01/06/12 right knee MRI demonstrates medial meniscus posterior horn tear, no lateral meniscus tears were noted. In addition degenerative joint disease was noted affecting the medial compartment of the right knee. Considering that the

claimant recently underwent medial meniscus resection, repeat medial meniscectomy may worsen the claimant's degenerative disease.

The case was reviewed on 02/28/12. It was noted that Official Disability Guidelines criteria for meniscectomy include clinical presentation consistent with meniscal pathology, failure of conservative care, and a meniscal tear on MRI. However a lateral meniscal tear is not identified on MRI. It is clear that the claimant has advanced medial and patellofemoral arthritic change, not typical for such a young age group.

There is imaging evidence of degenerative intrasubstance meniscal signal consistent with the claimant's knee pathology with greater than 50% cartilage loss involving the medial patellar facet and medial knee compartment. Some moderate narrowing of the medial joint. It is doubtful if there will be any sustained or lasting functional benefit from arthroscopic procedure. Telephonic conversation was held with who recognized that the claimant has advanced degenerative changes, evidence of degenerative intrasubstance meniscal signal and medial joint space narrowing.

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

This male injured his right knee secondary to motor vehicle accident, and underwent surgical intervention on 03/10/11. He continued with complaints of clicking, popping and pain in the right knee. MRI performed 01/06/12 revealed evidence of medial meniscus posterior horn, but no tear of the lateral meniscus. On examination there was medial and lateral joint line tenderness and positive McMurray's orthopedic test. While there is objective evidence of medial meniscal tear on MRI, there is no evidence of lateral meniscal tear that would support the need for the proposed surgical procedure. The reviewer finds no medical necessity for Repeat Right Knee Arthroscopy with medial / lateral meniscectomy.

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)