

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy, resection medical meniscus

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 05/03/12

MRI left knee dated 03/15/12

Utilization review determination dated 04/06/12

Utilization review determination dated 04/24/12

Clinical records

Radiographic report bilateral knees dated 02/23/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly fell at work on xx/xx/xx. The first available clinical record is radiographic report dated 02/23/12. This study notes mild degenerative changes in form of joint space narrowing and small osteophytes in tibial intercondylar eminences involving the right knee. In regards to left knee there are faint opacities projected over the joint space, which may represent loose bodies. Records indicate on 03/15/12 the claimant was referred for MRI of left knee. This study notes tear of posterior horn of medial meniscus, slight lateral subluxation of patella with moderate chondromalacia of medial patella facet, moderate joint effusion, mild to moderate tibial femoral osteoarthritis and multilobulated lateral gastrocnemius bursitis. On 04/02/12 the claimant was seen by who reported the claimant fell at work. Both knees are bothering him but the left the most. He is noted to have MRI of left knee, which shows torn medial meniscus. He was given prescription for Norco 7.5/325, Zipsor 25 mg #40 and scheduled for operative arthroscopy of left knee. MRI of right knee was performed on 04/10/12. This study notes tear of anterior horn of lateral meniscus. A cyst is present anterior to lateral meniscus. There is mucoid degeneration of posterior horn of medial meniscus. There is focal chondral injury of lateral femoral condyle. There is mild to moderate suprapatellar effusion. The record includes clinic note dated 04/19/12 in which reports the claimant was scheduled for arthroscopy and will probably require arthroscopy to both knees. On 04/26/11 the claimant was seen in follow-up by. He notes that surgery has been denied. He reports that the claimant is going to seek a second opinion to see if he can get two orthopedists agreeing that he should have arthroscopic surgery. The claimant is

being kept off work.

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

This claimant sustained a trip and fall injury. He is morbidly obese, and has evidence of degenerative pathology in both knees. The claimant has complaints of bilateral knee pain yet; fails to provide detailed physical examinations of both knees. There is no documented orthopedic testing, range of motion measurements, or other data that is pertinent to the discussion. In addition to this there is no indication that the claimant has undergone any form of conservative management other than oral medications. The claimant has not been referred to physical therapy and there is no indication that corticosteroid injections have been attempted. Therefore, the reviewer finds there is no medical necessity at this time for the requested Left knee arthroscopy, resection medical meniscus.

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 KNOWLEDGBASE

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)