



# INDEPENDENT REVIEW INCORPORATED

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Notice of Independent Review

## REVIEWER'S REPORT

**DATE NOTICE SENT TO ALL PARTIES:** 03/18/13

**IRO CASE #:**

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

Texas-licensed M.D., board certified in Orthopedic Surgery

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

Diagnostic arthroscopy of right knee (29870).

**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)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
844.9	29870		Prosp		02/15/13 - 02/20/13		xxxxx	10299097	Overturn
844.9	29870		Prosp.		02/11/13 - 02/13/13		xxxxx	10299097	Overturn

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The injured employee is a xx-year-old male who suffered a fall from a platform on a moving xxxx truck. The platform upon which he was standing collapsed, and he fell to the ground, suffering injury to multiple systems. He had a lumbar spine injury, injury to both knees, and injury to the right elbow and left ankle. The examinee has been evaluated on a number of occasions. The date of injury was xxxxx. He has undergone a number of procedures. He has been treated for pain in multiple areas with medication and physical therapy. He has undergone lumbar trigger point injections, facet

joint injections, and median nerve blocks. He has undergone bilateral arthroscopy of the knees, the left on 12/04/12 and the right on 04/26/11. On the right side the arthroscopy revealed evidence of posterior horn medial meniscus tear which was nondisplaced. There was chondromalacia present, chondral fracture of the cartilage on the medial femoral condyle, and a plica was present. He underwent chondroplasty and plica excision. He had a positive response to the left knee arthroscopy. However, on the right side he has had persistent pain, swelling, diminished range of motion and complaints of popping and giving way. He has positive McMurray's sign and has been consistently painful in spite of activity modifications, medications, and physical therapy. An arthrogram on 09/07/12 failed to reveal evidence of intraarticular pathology. On the basis of persistent symptoms unresponsive to conservative care, a recommendation was made for diagnostic arthroplasty. This recommendation was considered and denied; it was reconsidered and denied.

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

The examinee has had ample time to have physiologic response to the right knee after surgery of 04/26/11. He is persistently in pain and has complaints knee of giving way and popping. He has a positive McMurray's sign and diminished range of motion with some described swelling. On the basis of the symptoms of failure to improve after surgery with subjective complaints of pain and positive findings including swelling and positive McMurray's sign, it would appear that diagnostic arthroscopy would be appropriate. Efforts to achieve additional pathoanatomical diagnosis utilizing imaging studies have been inconclusive.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)