

MAXIMUS Federal Services, Inc.  
4000 IH 35 South, (8th Floor) 850Q  
Austin, TX 78704  
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW: DECEMBER 31, 2012**

**IRO CASE #:**

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

Right knee arthroscopy with debridement and synovectomy.

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

M.D., Board Certified in 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)

The requested right knee arthroscopy with debridement and synovectomy is not medically necessary for treatment of the patient's medical condition.

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

1. Request for a Review by an Independent Review Organization dated 11/29/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) 12/11/12.
3. Notice of Case Assignment dated 12/11/12.
4. Surgeons Associates initial medical report dated 4/5/01.
5. Texas Workers' Compensation Status Report dated 8/18/11, 11/19/09, 9/24/09, 4/5/06, 8/25/05, 3/23/05, 10/6/04, 7/14/04, 7/7/04, 6/8/04, 5/5/04, 3/24/04, 3/4/04, 1/14/04, 12/12/03, 10/29/03, 10/1/03, 9/24/03, 9/17/03, 9/10/03, 9/3/03, 7/25/03, 6/25/03, 6/4/03, 5/16/03, 5/8/03, 4/24/03, 3/20/03, 12/24/02, 8/19/02, 5/1/02, 4/10/02, 1/3/02, 10/25/01, 8/24/01, 7/27/01, 7/6/01, 6/13/01, 4/19/01, and 4/5/01.
6. Surgeons Associates medical report dated 11/7/12, 8/8/12, 2/22/12, 11/3/11, 10/6/11, 9/8/11, 8/18/11, 8/3/11, 7/20/11, 7/6/11, 6/14/11, 5/5/11, 4/6/11, 12/9/10, 7/28/10, 3/31/10, 1/14/10, 11/19/09, 10/22/09, 9/24/09, 8/19/09, 7/22/09, 5/7/08, 12/12/07, 7/27/07, 12/7/06, 5/17/06, 4/5/06, 8/25/05, 3/23/05, 10/6/04, 7/14/04, 7/7/04, 6/8/04, 5/5/04, 3/24/04, 3/4/04, 1/14/04, 12/12/03, 10/29/03, 10/1/03, 9/24/03, 9/17/03, 9/10/03, 9/3/03, 7/25/03, 6/25/03, 6/4/03, 5/15/03, 5/8/03, 4/24/03, 3/20/03, 12/24/02, 8/19/02, 5/1/02, 4/10/02, 1/3/02, 10/25/01, 8/24/01, 7/27/01, 7/6/01, 6/13/01, and 4/19/01.
7. Surgery Center operative procedure report dated 4/21/03, and 6/7/01.
8. Letters from MD dated 6/16/04, and 11/5/03.
9. Operative report from MD dated 12/1/03.
10. Medical Center pathology report dated 12/1/03.
11. Medical Center operative note dated 9/14/09.
12. Medical Center discharge summary dated 9/14/09.
13. specimen inquiry dated 9/14/09.
14. Campus of specimen report dated 7/27/11.
15. Total lower extremity ultrasound dated 10/16/12.
16. Open MRI of MRI report dated 3/24/01.
17. Denial documentation dated 12/10/12 and 11/16/12.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female with a history of right knee osteoarthritis. On examination, the provider noted the presence of moderate right knee swelling. The provider has recommended treatment consisting of right knee arthroscopy with debridement and synovectomy. The patient's conservative care has consisted of Lortab and Celebrex. Subjective clinical findings are

consistent with pain and functional limitation despite the conservative care. No warmth was present on physical examination. There is no record of current imaging studies. The patient has requested authorization and coverage for right knee arthroscopy with debridement and synovectomy.

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

The Official Disability Guidelines (ODG) do not support the medical necessity of the requested right knee arthroscopy with debridement and synovectomy. The ODG do not address debridement or synovectomy following total knee arthroplasty. Further, as there are no current imaging studies available for review, there is no present clinical indication for further intervention at this time. All told, the requested right knee arthroscopy with debridement and synovectomy is not supported as medically necessary for treatment of this patient's medical condition.

Therefore, I have determined the requested right knee arthroscopy with debridement and synovectomy is not medically necessary for treatment of the patient's medical condition.

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**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- 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)**