

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: July 2, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopy/synovectomy/possible meniscal debridement/repair.

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

The reviewer is licensed orthopedic surgeon with 50 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

07/20/12, 07/30/12, 08/07/12, 08/16/12, 08/29/12, 09/14/12, 10/12/12, 10/15/12, 11/05/12, 11/16/12, 12/14/12, 01/09/13, 02/07/13, 03/07/13, 03/28/13: Office visit
07/23/12, 07/25/12, 07/27/12, 07/31/12, 08/02/12, 08/06/12: Daily progress and therapy notes
08/13/12: MRI Right Knee report interpreted
08/13/12: MRI Left Knee report interpreted
09/06/12, 01/07/13, 02/04/13, 04/08/13, 05/13/13: Office visit
10/04/12: Office visit
11/30/12: Operative report
12/20/12, 01/23/12, 05/07/13: Physical Performance Examination
12/27/12, 01/29/13: Precertification request
12/28/12, 12/31/12, 01/02/13, 01/04/13, 01/07/13, 01/10/13, 01/11/13, 01/14/13, 01/16/13, 01/18/13, 01/21/13, 01/25/13: Daily progress and therapy notes
02/20/13: Preauthorization request
03/19/13: UR performed
04/04/13: Records (illegible due to blurriness)
04/24/13: UR performed
04/25/13, 05/08/13, 06/07/13, 06/11/13, 06/14/13: Office visit

05/10/13: Precertification request

05/10/13: Work Hardening Program weekly progress notes

06/10/13: Letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is female who injured her knees when she fell on the concrete while working on xx/xx/xx. She is status post left knee partial medial meniscectomy. She has not had surgery to her right knee. She had cortisone injections to the bilateral knees on October 4, 2012

07/20/12: The claimant was evaluated for bilateral knee pain. It was noted that she fell on xx/xx/xx and that her pain was getting worse. She had left knee pain rated 8/10 with swelling and bruising around the patella. She had right knee pain rated 6/10 with swelling around the patella. She was to attend six physical therapy visits. She was given ibuprofen, Tramadol, and Flexeril.

07/23/12-08/06/12: The claimant attended six physical therapy sessions for the bilateral knees Health Services. Note dated 08/06/12 documented decreased pain and increased range of motion.

08/07/12: The claimant was evaluated. It was noted that she had completed six physical therapy visits but was still in pain.

08/13/12: MRI Right Knee report. IMPRESSION: There is abnormal bone edema within the inferior patella with overlying subcutaneous edema and soft tissue swelling. Given the fact that this same appearance is present within the contralateral left knee, perhaps the patient is involved in an activity or work-related issue in which she is working on her knees or placing excessive weight or stress on her knees in a repetitive fashion. No fracture or Prepatellar bursitis is present. Myxoid change is present within the posterior horn of the medial meniscus. There is no definite medial meniscal tear with articular surface extension. Generalized MR stage 1 chondromalacia. Intact cruciate and collateral ligaments of the knee. A small chronic benign bone lesion is present within the posterior aspect of the distal femoral diaphysis, a fibrous cortical defect.

09/06/12: The claimant was evaluated for bilateral knee pain. She complained of bilateral stabbing and sharp knee pain with swelling, popping, clicking, and grinding. On physical exam, she had tenderness of the inferior pole of the right patella and the medial joint line with no tenderness of the lateral joint line. There was crepitus and pain at extreme limits of range of motion. MRI of the right knee revealed myxoid changes and inflammation and MRI of the left knee revealed posterior horn medial meniscal tear and edema. She was given a Medrol dose pack.

10/04/12: The claimant was evaluated. She was given bilateral knee corticosteroid injections.

10/12/12: The claimant was evaluated for bilateral knee pain. Her right knee pain was rated 8/10, increased since injection. She had marked swelling in the right knee, which had increased since last visit. She stated that pain prevented her from sleeping. Range of motion was full with pain on end of range of motion. She was given Flexeril, ibuprofen, and Tramadol.

12/28/12-01/21/13: The claimant attended physical therapy sessions to the left knee status post left knee surgery.

01/09/13: The claimant was evaluated for bilateral knee pain. It was noted that she was doing physical therapy status post left knee surgery. She complained of 4/10 right knee pain. She had full range of motion of the right knee. There was noted to be crepitus with flexion. There was minimal swelling to the right patella.

02/04/13: The claimant was evaluated for knee pain. It was noted that previous injections made the pain worse with no relief at all. On physical exam, she had edema in the right knee. There was tenderness of the inferior pole of the right patella, superior pole patella, lateral joint line, and medial joint line. There was tenderness of the bursa. There was pain on initiation of movement and at extreme limits of range in the right knee. McMurray test was positive. MRI of the right knee dated 08/13/12 revealed medial meniscal tear, bone edema, and a bone lesion. A right knee scope with synovectomy and possible medial meniscal debridement was planned. She was given Norco.

03/07/13: The claimant was evaluated. She stated that her right knee was still swelling and numb. She felt pain in the center of her right knee. She had 3/10 right knee pain. She had full range of motion of the right knee. There was palpable tenderness to the right patella. She was to followup.

03/19/13: UR performed. RATIONALE: There is persistent knee pain. MRI did not show meniscus tear. There were no PT notes, injection notes. There was tenderness with positive McMurray's on examination. Submission of evidence of failure of conservative care including injections notes and PT notes is recommended to facilitate approval per evidence based guidelines.

04/08/13: The claimant was evaluated for knee pain. On physical exam of the right knee, there was tenderness of the inferior pole patella, the superior pole patella, the lateral joint line, and the medial joint line. There was tenderness of the bursa. There was pain with range of motion. McMurray test was positive. She was to follow up with work hardening that would start the following day. Plans were made to resubmit for surgery.

04/24/13: UR performed. RATIONALE: On 04/08/13, noted the patient reporting moderate to severe knee pain with no mechanical signs noted. The patient had not had physical therapy previously and an injection did not help. A work hardening program was to begin the following day. As the patient has not had physical therapy, which the prior peer review indicated was a consideration for recommending non certification of the requested arthroscopic synovectomy,

possible meniscal debridement, repair of the right knee. This request is not medically necessary due to lack of appropriate conservative treatment as recommended by ODG – Knee Chapter.

05/07/13: The claimant was evaluated who recommended 10 days of a Chronic Pain Management Program 8 hours per day, 5 days per week for 2 weeks.

05/08/13: The claimant was evaluated for knee pain. It was noted that she had been taking hydrocodone. She stated that the pain increased throughout the day and was rated 8/10. She had a “burning feeling” in both knees. She had right knee and thigh numbness. She was to followup.

05/10/13: Notes indicate the claimant had attended 3/3 days and 24/24 hours of the program.

05/13/13: The claimant was evaluated. On physical exam of the right knee, there was edema noted. There was tenderness of the inferior pole patella, the superior pole patella, the lateral joint line, and the medial joint line. There was tenderness to palpation. There was pain with range of motion. McMurray test was positive. She was advised on RICE therapy and was instructed to continue with home exercise. The plan was to proceed with right knee arthroscopy with medial meniscus debridement vs repair.

06/10/13: Letter. “I am confused and worried about my injuries. Why is the insurance company denying my right knee surgery? When I went back to work on June 9, 2013, the pain was so intense in my knees that I couldn’t stand it and had to leave after only 3 hours. Is there any way you could increase my work restrictions so that I am only working 2 hours per day and then slowly increase my work hours per day as I get better? Because of the pain, I have to take pain medicine. The company is having me work in very hot temperatures of around 100 degrees and the medicine made me dizzy and my face numb. Is there any way you could increase my work restrictions so that I am not working in a hot room? If I don’t have these restrictions, I am worried that I will go backwards not forwards in my healing. I also wanted to make sure that you are writing down my problems about the stronger pain in my left knee which happened because of therapy around May 2, 2013 and my pain in my left hand, wrist, and forearm. Thank you for listening to me.”

06/11/13: The claimant was evaluated. She complained of her knees swelling. She stated that she was in a lot of pain after going to work. She stated that she had been feeling dizzy with meds. On physical exam, there were no changes in the knees.

06/14/13: The claimant was evaluated. It was noted that she needed to get a different pain medication because her work did not permit her to work on current meds. There were no changes in her symptoms. She was taking hydrocodone for pain. It was noted that Tramadol did not work for her and it caused gastric

upset and dizziness. PLAN: Cannot change pain meds. Awaiting IRO still. If IRO upholds denial, MMI/IR.

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

The previous adverse decisions are upheld. The claimant has not exhausted all conservative management measures. In addition, ODG criteria require evidence of meniscal tear on MRI. Per the right knee MRI report dated 08/13/12, there was no evidence of meniscal tear. Therefore, the request for right knee arthroscopy/synovectomy/possible meniscal debridement/repair is not medically necessary and is not certified.

ODG:
ODG does not address synovectomy.

Arthroscopy	Definition: An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. For the Knee, See Arthroscopic surgery for osteoarthritis ; Meniscectomy ; & Diagnostic arthroscopy .
Meniscectomy	<p><u>ODG Indications for Surgery™ -- Meniscectomy:</u> Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.</p> <p>1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS</p> <p>2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS</p> <p>3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS</p> <p>4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>
Diagnostic arthroscopy	<p><u>ODG Indications for Surgery™ -- Diagnostic arthroscopy:</u> Criteria for diagnostic arthroscopy:</p> <p>1. Conservative Care: Medications. OR Physical therapy. PLUS</p> <p>2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS</p> <p>3. Imaging Clinical Findings: Imaging is inconclusive. (Washington, 2003) (Lee, 2004) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>

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 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)**