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Notice of Independent Review Decision

DATE OF REVIEW: 6/21/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of right knee arthroscopy.

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

The reviewer is a Medical Doctor who is board certified in orthopedics.

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 reviewer agrees with the previous adverse determination regarding the right knee arthroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from :

Medical Examination
5-7-2013
Orthopedic Report

9/23/2011, 11/10/2011, 2/22/2012, 3/8/2012, 3/16/2012, 3/23/2012, 3/30/2012, 4/9/2012, 7/10/2012, 8/10/2012, 9/24/2012, 11/13/2012, 12/13/2012, 1/28/2013

Court Documents 6/21/2012

Medical Review-

11/1/2011

Letter of Medical Necessity- 8/16/2011

Medical Report

5/18/2011

Medical Exam

3/22/2011

URA Review- 2/26/2013

Arthrogram

7/27/2012

MRI

4/3/2012

MRI

1/18/2012

Report

3/26/2012

Manual Muscle Strength Exam-3/16/2012, 3/30/2012

ROM Exam- 3/23/2012

Utilization Review Determination Letter

Records reviewed:

URA Review

5/15/2013, 6/1/2013, 6/7/2013

PRIUM- Pre Authorization

5/15/2013

PRIUM- Appeal

6/6/2013

Imaging Report

1/18/2012

Operative Report

11/7/2012

Peer Review Report

4/10/2013

Medical Report

5/25/2010, 4/5/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was noted to have sustained an apparent injury when she tripped and fell over debris on the DOI. The injury sites included the bilateral knees. The claimant underwent bilateral knee arthroscopic surgeries including right knee medial meniscal repair and chondroplasty on 7-20-10, along with a left knee arthroscopic

procedure. She continued to have bilateral knee pain, as per the required medical examination report of 5-7-13. Reportedly she underwent an additional left knee arthroscopic surgery in November, 2012. There was noted to be persistent right knee pain. There was a positive McMurray sign with tenderness across the bilateral medial aspects of the knees. Knee flexion was from 0 to 75° of flexion. It was felt that the claimant had reached maximum medical improvement as per the evaluator. The aggregate of prior clinical notes from the treating and other providers were reviewed. Denial letters discussed the lack of specific meniscal signs, imaging findings and/or a trial and failure of recent comprehensive non-operative treatment.

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

The submitted documentation does not evidence imaging findings and/or a trial and failure of recent comprehensive non-operative treatment.

Reference: ODG Knee Chapter

ODG Indications for Surgery™ -- Meniscectomy: The submitted documentation does not evidence imaging findings and/or a trial and failure of recent comprehensive non-operative treatment.

Reference: ODG Knee Chapter

ODG Indications for Surgery™ -- Meniscectomy:

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.

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

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

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

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). ([Washington, 2003](#))

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. Conservative Care: Medication. OR Physical therapy. PLUS

2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS

3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS

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.

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2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS

3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS

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)