

Medical Assessments, Inc.

4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

Notice of Independent Review Decision

August 14, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Right Knee Arthroscopy with Partial Synovectomy, as an Outpatients

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He twisted and injured his foot, ankle and knee.

07/31/2013: Subsequent Medical Report. **Clinical Findings:** Claimant was in moderate distress with regards to his right knee. He ambulates with crutches in both arms and places very little weight on the right lower extremity. Examination of the right knee reveals a moderate effusion present. His knee range of motion is from 40 degrees of flexion to 60 degrees of flexion. There is an audible squeaking and grinding noise with knee ROM. He has medial lateral retinacula tenderness. He is able to weakly fire his quadriceps. He has decreased thigh girth on the right compared to the left side. His knee is stable to varus and valgus stress testing in the mid-range of flexion. He has negative Lachman and negative posterior drawer, again, in the mid-range of flexion. He has some mild medial

joint line tenderness and lateral joint line tenderness. Distally, he is neurovascular intact in the right lower extremity.

Radiographic Studies: An MRI that was reviewed again of the right knee dated 2/10/11 demonstrates a mild joint effusion and otherwise a normal study.

Assessment: Right knee sprain/strain and a recurrent right knee effusions after a work-related injury on xx/xx/xx. **Plan:** Recommended a right knee aspiration followed by right knee injection as well as sending the fluid for fluid analysis, cell count, and differential. However, the claimant did not want to proceed with aspiration/injection. To that end, we recommended a right knee MRI to evaluate for any structural reason for why he is having these recurrent effusions as well as his significant loss of range of motion. The plan is he will get the MRI.

Recommend work restrictions and will see him back once MRI is completed.

08/15/2013: MRI of right knee interpreted. **Impression:** 1. There is a moderate to large right knee effusion and there are some synovial thickening within the suprapatellar recess. 2. Mild chondromalacia within the medial compartment of the knee. 3. Soft tissue edema adjacent to the medial collateral ligament which could be secondary to a mild MCL sprain. 4. The exam is somewhat limited by motion artifact.

06/11/2014: Initial Medical Report. **Medications:** Naproxen and hydrocodone. **PE:** Examination of right knee reveals no effusion. ROM is from 0-100 degrees. He has got significant popping and squeaking with ROM of the knee in the patellofemoral area. There is tenderness along the medial patellofemoral area. There is negative Apley's test. There is no increase in medial or lateral instability.

MRI: Dated 8/5/13 shows a large right knee effusion, synovial thickening in the suprapatellar recess, mild chondromalacia of medial compartment, and MCL sprain. **Impression:** 1. Right knee sprain. 2. Symptomatic synovial plica. **Plan:** Claimant has failed all conservative treatment for his knee. The claimant has had no problems with the knee prior to this accident. His MRI and symptoms are consistent with a large symptomatic plica and I have recommended arthroscopy with partial synovectomy.

06/23/2014: UR. Rational for Denial: The claimant is a male who sustained an injury to his right knee while at work on xx/xx/xx. The claimant did undergo an MRI of the right knee on 8/15/13, which showed moderate right knee effusion, mild chondromalacia of the medial compartment. The claimant was then seen on 6/11/14 at which time the claimant was complaining of the right knee pain. He was having grinding and popping sensations. On physical examination no effusion of ROM 0-100 degrees, significant popping and clicking in the knee in the patellofemoral area. Surgery was recommended. The request is for right knee arthroscopy with partial synovectomy as an outpatient. I have not been able to determine the necessity of the request. At this point there is no documentation that the claimant has undergone any physical therapy and/or any injection. Therefore, the request is recommended for noncertification based on the guidelines.

06/02/2014: UR. Rational for Denial: This is a male who was injured on xx/xx/xx. The most recent clinical documentation provided dated June 11, 2011 indicated that the injured worker originally injured the right knee. The injury occurred while the worker was twisting causing injury to the foot, ankle and knee. A previous cortisone injection was performed on the knee without relief of symptoms. The injured worker endorses occasional locking and popping. The physical exam documents range of motion from 0-100, no effusion, patellofemoral crepitus, or tenderness to palpation along the medial patellofemoral region, and no ligamentous laxity. An MRI is documented as having previously been performed on August 6, 2013 showing a large joint effusion with synovial thickening, mild chondromalacia of the medial compartment, and an MCL sprain. A diagnosis of symptomatic synovial plica is given. Physical therapy is documented as having previously been performed, but the number of visits is not indicated. The ODG supports the use of diagnostic arthroscopy when the criteria below have been met. Based on the clinical documentation provided, the injured worker fails to meet criteria as outlined by the ODG. Specifically, the conservative measures that were utilized have not been clearly outlined. While there is mention of physical therapy having been attempted, a corticosteroid injection was performed, and there is no indication that oral medications were utilized or that functional limitations continue despite conservative care. Additionally, the crepitus documented on examination is consistent with the MRI findings which indicate chondromalacia of the medial compartment. As such, the request is considered not medically necessary and recommended for non-certification.

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

The previous adverse determinations are upheld. The medical records sent for review lack documentation of conservative care including physical therapy and injections. I find nothing in his medical records of a diagnosis that would benefit from the proposed surgery. There are no indications that would meet ODG guidelines for arthroscopic surgery. Therefore, the request for 1 Right Knee Arthroscopy with Partial Synovectomy, as an Outpatients is not certified.

PER ODG:

ODG:

ODG Indications for Surgery™ -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

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

2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS

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).

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)**