

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: NOVEMBER 12, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Synovectomy and possible Chondroplasty (29881, 29876), assistant surgeon left knee, diagnostic arthroscopy with partial meniscectomy

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who reported an injury on XX/XX/XX, when he tripped over a rock and fell.

An evaluation was performed, at which time the injured employee was diagnosed with a shoulder strain and trapezius strain. Ibuprofen, work restrictions, and physical therapy were provided.

Cervical spine X-rays were performed on XX, documenting degenerative changes with no evidence of an acute osseous injury. Right shoulder X-rays documented a suspected mild Grade I acromioclavicular separation. Four sessions of physical therapy were performed, for the right shoulder and neck.

A right knee MRI was performed on XX, documenting:

1. Moderate-to-severe medial compartment arthritis with mild-to- moderate patellofemoral arthritis and minimal lateral compartment arthritis,
2. An intact anterior cruciate ligament (ACL), yet it was sprained. A diffusely sprained medial collateral ligament (MCL) without any partial tear, and

3. Extensive tearing throughout the posterior horn and mid body of the medial meniscus extending into the anterior horn. There was no lateral meniscal tear.

On September 3, 2015, an orthopedic evaluation was performed by XX for a left knee pain and right shoulder pain. The diagnoses included a right shoulder superior labrum anterior and posterior (SLAP) lesion, secondary impingement, an acute left knee medial meniscal tear, and pre-existing left knee degenerative osteoarthritis. Surgery was recommended for both the right shoulder and left knee.

The requested left knee diagnostic arthroscopy, partial meniscectomy with synovectomy, possible chondroplasty, with assistant surgeon was not certified on September 28, 2015.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division-mandated Official Disability Guidelines, surgery of a partial meniscectomy with arthroscopy would be supported for those with persistent mechanical complaints, MRI evidence of a meniscal tear, and a failure of conservative treatment modalities. The records supported prior physical therapy for the right shoulder and cervical spine was provided without therapy targeting the left knee and no evidence of a trial corticosteroid injection in a largely arthritic knee. Treatment of an arthroscopy for the diagnosis of osteoarthritis would not be supported. Therefore, the request for surgery would not be supported.

Official Disability Guidelines – TWC Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic) Updated July 10, 2015

Indications for Surgery – Diagnostic Arthroscopy Criteria:

1. Conservative Care Failure. The objective failure of medications OR physical therapy PLUS,
2. Subjective Clinical Findings. The pain and functional limitations continue despite conservative care PLUS,
3. Imaging Clinical Findings. The imaging was inconclusive.

(Washington, 2003) (Lee, 2004)

For average hospital length of stay (LOS), if criteria are met, see Hospital LOS.

Indications for Surgery – Meniscectomy Criteria:

The indications suggest at least two symptoms and two signs to avoid scopes with a 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 individuals with traumatic injuries and mechanical symptoms (locking, blocking, catching, et cetera) should undergo an arthroscopy without physical therapy.

1. Conservative Care Failure. (Not required for a locked/blocked knee.) Exercise/Physical therapy (supervised physical therapy and/or home rehabilitation exercises, if compliance was adequate), AND medication OR activity modification (e.g., crutches and/or an immobilizer) PLUS,
2. Subjective Clinical Findings (at least two). Joint pain OR swelling OR a feeling of giving way OR locking, clicking, popping PLUS,
3. Objective Clinical Findings (at least two). A positive McMurray's sign OR joint line tenderness OR effusion OR limited range of motion OR locking, clicking, popping OR crepitus PLUS,
4. Imaging Clinical Findings. (Not required for a locked/blocked knee.) Evidence of a meniscal tear on MRI. (An MRI should only be ordered after the above criteria have been met).

(Washington, 2003)

For average hospital length of stay (LOS), if criteria are met, see Hospital LOS.

ODG Indications for Surgery – Chondroplasty Criteria:

This is a shaving or debridement of an articular surface, requiring ALL of the following:

1. Failure of Conservative Care. Medication OR physical therapy PLUS,
2. Subjective Clinical Findings. Joint pain AND swelling PLUS,
3. Objective Clinical Findings. Effusion OR crepitus OR a limited range of motion PLUS,
4. Clinical Imaging Findings. A chondral defect found via MRI.

(Washington, 2003) (Hunt, 2002) (Janecki, 1998)

For average hospital length of stay (LOS), if criteria are met, see Hospital LOS.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES