US Decisions, Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient surgical services to the right knee, to include right knee scope with partial menisectomy and debridement (29882)

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested outpatient surgical services to the right knee, to include right knee scope with partial menisectomy and debridement (29882) is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male injured at work on xx/xx/xx when employed for as a . He twisted to avoid being hit on the sidelines and injured his right knee. He has had previous history of two arthroscopies. He has had an MRI scan, which did not reveal a tear but showed truncation of the posterior horn due to previous surgery. Recommendation now is for repeat surgery. Examination reveals no effusion, full range of motion, in fact, hyperextension, no instability, and negative Lachman's test. Crepitus is noted. X-rays show some narrowing of the medial joint space. The current request is for outpatient surgical services to the right knee, to include right knee scope with partial

menisectomy and debridement (29882).

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

Upon independent review of the provided medical records and ODG Guidelines, the reviewer finds that the requested outpatient surgical services to the right knee, to include right knee scope with partial menisectomy and debridement (29882) is not medically necessary.
Previous determination is upheld due to the absence of any indication on either clinical examination of knee pathology, i.e., an effusion, McMurray's testing, or lack of extension, or the presence of degenerative changes that would explain his current symptom complex. Based upon the above, the ODG Guidelines criteria for meniscectomy are not met. It is for this reason the previous adverse determination is upheld
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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 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)**