

SENT VIA EMAIL OR FAX ON
Aug/10/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Right Knee Examination Under Anesthesia (EUA), Arthroscopy with Meniscal Debridement vs. Repair

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified orthopedic surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines

1. Notice of utilization review findings 07/01/11 regarding non-authorization outpatient right knee examination under anesthesia and scope with meniscal debridement versus repair
2. Notice of utilization review findings 07/15/11 regarding non-authorization reconsideration/appeal request outpatient right knee examination under anesthesia, arthroscopy with meniscal debridement versus repair
3. Pre-authorization request
4. General orthopedic clinic notes Dr. 05/11/10 through 06/24/11
5. MRI right knee 06/10/11
6. Physical therapy progress report 06/23/11
7. Physical therapy prescription 06/10/11
8. X-rays right knee 05/11/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. He stepped out of a forklift and twisted his right knee. The injured employee is noted to have a history of prior ACL reconstruction performed in 03/09. MRI of the right knee performed 06/10/11 revealed worsening area of subchondral edema and cystic changes along the posterior and medial margin of the medial femoral condyle most consistent with degenerative changes; stable repair of the anterior cruciate ligament; no meniscal tear present. The injured employee was seen on 06/24/11 with chief complaint of right knee pain. He reportedly has been doing exercises without complete relief of symptoms. The injured employee reports right knee pain associated with buckling in spite of wearing knee brace. On examination the injured employee was noted to be 5'5" tall and 170 pounds. Musculoskeletal exam reported reciprocal heel toe gait. Right knee examination revealed trace anterior drawer, 1+ anterior drawer (sic). No ligamentous laxity was noted. Range of motion was from 10-110 degrees, with discomfort at extreme flexion and extension. MRI was reviewed and findings noted to be consistent with medial femoral condyle bone bruise, intact ACL graft and bone bruise in the medial femoral condyle along with meniscal degeneration.

A utilization review determination dated 07/01/11 determined non-authorization of outpatient right knee examination under anesthesia (EUA) and scope with meniscal debridement versus repair. Office note dated 06/10/11 indicated the claimant had anterior cruciate ligament reconstruction to the knee in 2009. There was right knee pain, loud popping and medial and lateral joint line pain. MRI was noted to show worsening degenerative knee disease and no meniscal tear. It was noted there was no imaging confirmation of meniscal tear from the injury and at present the records and evidence based citations do not support authorization of the request.

A utilization review determination dated 07/15/11 determined non-authorization for reconsideration request of outpatient right knee examination under anesthesia, arthroscopy with meniscal debridement versus repair. It was noted that on 07/01/11 a request for EUA and arthroscopy with meniscal debridement versus repair was non-authorized because the claimant did not meet guidelines with imaging studies to support surgery. For this appeal there is a note from the requesting provider stating the MRI shows only a bruise of the femoral condyle and degenerative meniscal changes. The reviewer noted that the imaging studies as read by the radiologist do not support that there is a meniscal tear. The clinical exam findings noted a pop in the knee was not described, and this was noted to be a fairly common symptom post ACL repair. It was therefore determined that medical necessity of the requested procedure was not established and non-authorization was upheld.

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

The request for outpatient right knee examination under anesthesia (EUA), arthroscopy with meniscal debridement versus repair is not supported as medically necessary. The injured employee is noted to have sustained a twisting injury to his right knee when he stepped out of a forklift on xx/xx/xx. He has a history of prior ACL reconstruction performed in 03/09. MRI of the right knee performed 06/10/11 revealed no evidence of meniscal tear, with stable repair of the anterior cruciate ligament and worsening degenerative changes. On examination performed 06/24/11, the right knee revealed trace anterior drawer, 1+ anterior drawer (sic). Range of motion was from 10-110 degrees with discomfort at extreme flexion and extension. There was no indication of positive McMurray's, Apley's, or joint line tenderness that would indicate presence of meniscal tear/internal derangement. Given the current clinical data, medical necessity is not established for the proposed surgical intervention and previous denials should be upheld on IRO.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES